

# ANNUAL REPORT

OF THE

## SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1902,

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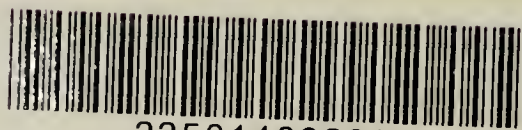
APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG  
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS,  
IN INDIA, FOR THE YEAR.



CALCUTTA:

OFFICE OF THE SUPERINTENDENT OF GOVERNMENT PRINTING, INDIA.  
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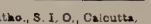
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TABLE OF CONTENTS.

SECTION I.

METEOROLOGY OF THE YEAR.

PARA.	PAGE
1. Summary of the meteorological conditions of the year . . . . .	1

SECTION II.

EUROPEAN ARMY OF INDIA.

2. India . . . . .	3
3. Commands and Stations . . . . .	3
4. Geographical Groups . . . . .	3
5. Influenza . . . . .	4
6. Cholera . . . . .	4
7. Small-pox . . . . .	4
8. Ague, remittent fever, simple continued fever, Malta fever . . . . .	5
9. Enteric fever. Water. Bacillary diagnosis. Milk, Butter. . . . .	8
Soil. Dust. Flies. Clothes. . . . .	11
Direct infection . . . . .	13
Blood. Urine. Fæces. Sputum. . . . .	14
Hardiness, survival, or viability . . . . .	16
Paratyphoid fever . . . . .	16
Suppression and Prevention. Inoculation . . . . .	17
10. Opinions of Medical Officers . . . . .	19
11. Results of special sanitary investigations . . . . .	21
12. Enteric fever in 1902 . . . . .	23
13. „ „ in the Geographical Groups . . . . .	23
14. „ „ in Stations . . . . .	23
15. Relation of enteric fever to age and length of residence in India . . . . .	24
16. Plague and some other general diseases. Dengue . . . . .	24
17. Tubercle of the lungs. . . . .	25
18. Pneumonia and other respiratory diseases . . . . .	25
19. Dysentery and diarrhœa . . . . .	25
20. Hepatic abscess . . . . .	25
21. Alcoholism . . . . .	26
22. Venereal diseases . . . . .	26
23. Heatstroke . . . . .	28
24. Suicide . . . . .	28
25. Invaliding . . . . .	28
26. Officers . . . . .	28
27. Women . . . . .	29
28. Children . . . . .	29

SECTION III.

NATIVE ARMY OF INDIA.

29. India . . . . .	33
30. Commands . . . . .	33
31. Geographical Groups . . . . .	33
32. Stations . . . . .	34
33. Influenza . . . . .	34
34. Cholera . . . . .	34
35. Small-pox . . . . .	34
36. Ague, remittent fever, simple continued fever . . . . .	35
37. Enteric fever. Malta fever . . . . .	36



PARA.	PAGE
38. Plague. Cerebrospinal fever . . . . .	37
39. Scurvy . . . . .	38
40. Tubercle of the lungs . . . . .	38
41. Pneumonia and other respiratory diseases . . . . .	39
42. Dysentery and diarrhoea . . . . .	40
43. Venereal diseases . . . . .	40
44. Beri-beri . . . . .	41
45. Guinea-worm . . . . .	41
46. Suicide . . . . .	42

---

#### SECTION IV.

#### JAILS OF INDIA.

47. India . . . . .	43
48. Administrations . . . . .	43
49. Andamans . . . . .	43
50. Burma . . . . .	44
51. Assam . . . . .	45
52. Bengal . . . . .	45
53. United Provinces . . . . .	46
54. Punjab . . . . .	46
55. North-West Frontier Province . . . . .	47
56. Bombay . . . . .	47
57. Berar . . . . .	47
58. Central Provinces . . . . .	48
59. Madras . . . . .	48
60. Coorg. Rajputana. Baluchistan. . . . .	48
61. Geographical Groups . . . . .	48
62. Influenza . . . . .	49
63. Cholera . . . . .	49
64. Small-pox . . . . .	49
65. Ague . . . . .	49
66. Remittent fever . . . . .	50
67. Simple continued fever . . . . .	50
68. Enteric fever . . . . .	51
69. Cerebrospinal fever . . . . .	51
70. Typhus. Relapsing fever. Dengue. Plague . . . . .	53
71. Scurvy . . . . .	53
72. Tubercle of the lungs . . . . .	54
73. Pneumonia and other respiratory diseases . . . . .	54
74. Dysentery and diarrhoea . . . . .	55
75. Beri-beri. Epidemic. Dropsy. Epidemic. Jaundice. . . . .	56
76. Intestinal parasites . . . . .	56
77. Elephantiasis. Filariasis. Hydrocele . . . . .	56
78. Guinea-worm . . . . .	57
79. Anæmia and debility . . . . .	57

---

#### SECTION V.

#### VITAL STATISTICS OF THE GENERAL POPULATION.

80. Births in India . . . . .	59
81. Deaths „ . . . . .	59
82. Additions to the provincial standard forms . . . . .	60
83. „ „ district returns . . . . .	60
84. Bengal . . . . .	60
85. Assam . . . . .	61
86. Tea gardens . . . . .	61
87. United Provinces of Agra and Oudh . . . . .	62
88. Punjab . . . . .	62

PARA.	PAGE
89. North-West Frontier Province . . . . .	63
90. Central Provinces . . . . .	63
91. Berar . . . . .	64
92. Madras . . . . .	65
93. Coorg . . . . .	65
94. Bombay . . . . .	66
95. Lower Burma . . . . .	66
96. Upper „ . . . . .	67
97. Ajmer-Merwara . . . . .	67

SECTION VI.

GENERAL POPULATION—HISTORY OF THE CHIEF DISEASES.

98. Cholera in India in 1902 . . . . .	69
99. „ „ Assam . . . . .	69
100. „ „ Bengal . . . . .	70
101. „ „ the United Provinces . . . . .	70
102. „ „ the Punjab . . . . .	70
103. „ „ the North-West Frontier Province . . . . .	71
104. „ „ the Bombay Presidency . . . . .	71
105. „ „ Berar . . . . .	71
106. „ „ the Central Provinces . . . . .	71
107. „ „ the Madras Presidency . . . . .	71
108. „ „ Coorg . . . . .	72
109. „ „ Burma . . . . .	72
110. Anti-cholera inoculation . . . . .	72
111. Small-pox . . . . .	72
112. Plague in India as a whole . . . . .	73
The bacillus . . . . .	73
Mode of spread. Rats and other animal carriers . . . . .	75
Mode of infection. Fleas and other insects . . . . .	76
Measures against rats . . . . .	76
113. Plague in Bengal . . . . .	77
114. „ „ the city and port of Calcutta . . . . .	77
115. „ „ the United Provinces . . . . .	77
116. „ „ the Punjab . . . . .	78
117. „ „ the North-West Frontier Province . . . . .	78
118. „ „ the Central Provinces . . . . .	79
119. „ „ the Bombay Presidency . . . . .	79
120. „ „ the city and port of Bombay . . . . .	79
121. „ „ Berar . . . . .	79
122. „ „ the Madras Presidency . . . . .	79
123. „ „ Burma . . . . .	80
124. „ „ Baluchistan . . . . .	80
125. „ „ Rajputana and Ajmer-Merwara . . . . .	80
126. „ „ Central India . . . . .	80
127. „ „ Mysore . . . . .	80
128. „ „ the Hyderabad State . . . . .	80
129. Fevers . . . . .	80
130. Sale of quinine . . . . .	82
131. Dysentery and diarrhœa . . . . .	83

SECTION VII.

GENERAL HISTORY OF VACCINATION.

132. Vaccination in India . . . . .	85
133. Experiments regarding the preservation of calf lymph . . . . .	86
134. Bengal . . . . .	86
135. Assam . . . . .	87

PARA.	PAGE
136. United Provinces . . . . .	88
137. Punjab . . . . .	88
138. North-West Frontier Province . . . . .	89
139. Central Provinces . . . . .	89
140. Berar . . . . .	90
141. Madras . . . . .	91
142. Coorg . . . . .	91
143. Bombay . . . . .	91
144. Burma . . . . .	92
145. Ajmer-Merwara . . . . .	92
146. Vaccination among troops . . . . .	92

---

### SECTION VIII.

#### SANITARY WORKS.

147. Bengal . . . . .	93
Sanitary Board . . . . .	93
148. Assam . . . . .	93
Sanitary Board . . . . .	94
149. United Provinces . . . . .	94
Sanitary Board . . . . .	94
150. Punjab . . . . .	95
Sanitary Board . . . . .	95
151. North-West Frontier Province . . . . .	96
152. Central Provinces . . . . .	96
Sanitary Board . . . . .	96
153. Berar . . . . .	96
Sanitary Board . . . . .	97
154. Madras . . . . .	97
Sanitary Board . . . . .	97
155. Coorg . . . . .	98
Sanitary Board . . . . .	98
156. Bombay . . . . .	98
Sanitary Board . . . . .	98
157. Burma . . . . .	98
Sanitary Board . . . . .	99
158. Military Works . . . . .	99

---

### SECTION IX.

#### GENERAL REMARKS.

159. Red Sea Pilgrim traffic . . . . .	101
160. The Delhi Durbar . . . . .	102
161. Malaria . . . . .	103
162. Malta fever . . . . .	107
163. Trypanosomiasis . . . . .	108
164. An important parasite . . . . .	112
165. Pasteur Institute of India . . . . .	114
166. Scientific Memoirs . . . . .	115

---

### APPENDICES.

SECTION I . . . . .	ii—iv
„ II . . . . .	v—vi
„ III . . . . .	vi—vii
„ IV . . . . .	viii—ix
„ V . . . . .	x—xi
„ VI . . . . .	xiii—xviii
„ VII . . . . .	xix—xx



# ANNUAL SANITARY REPORT FOR 1902.

## SECTION I.

### METEOROLOGY OF THE YEAR.

1. The following report on the meteorology of India has been kindly furnished by the Meteorological Department of the Government of India :—

Summary of the meteorological conditions of the year

The first two months of the year 1902 were unusually free from storms. There were no storms of the usual cold weather type and the few depressions which were developed over Gujarat and thence advanced through the central parts of the country were feeble and exercised little influence on the weather. The principal features of the meteorology of these two months were abnormal dryness of the air, absence of cloud, very scanty rainfall and a persistent excess of temperature. In March the weather changed and an unusually large number of depressions passed over Northern India. Notwithstanding this the accompanying precipitation was in many parts of Northern India less than usual. In consequence the mean maximum temperature and the mean minimum temperature were in excess in all parts of India. The month's rainfall was only in excess in South India, the West Coast, the Gangetic Plain and Chota Nagpur, Bengal, Orissa, the Burma Coast and the Bay Islands. In all other parts it was in defect and in the Deccan, East Rajputana, Central India and Gujarat there was actually or practically no rain throughout the month.

In the hot weather months of April and May the rainfall was generally more or less excessive over the Upper Sub-Himalayas, the Gangetic Plain and North-East India, normal over the Burma coast and in defect elsewhere. In consequence the mean temperature was generally in defect over North-East India, more particularly in Central and North Bengal, the Gangetic Plain and the hill and submontane districts of Upper India and in excess elsewhere. The excess was greatest in Sind where it was moderate to considerable. The monsoon rains proper set in on the South Konkan coast on the 7th of June spread feebly but rapidly inland and gave a series of thundershowers to Berar, the Central Provinces and Central India between the 8th and 15th. A storm formed over the Arabian Sea on the 9th and 10th and advancing northwards carried the monsoon rains to Kathiawar and Gujarat between the 12th and 16th and to Sind between the 15th and 18th. Between the 17th and 29th the monsoon was very feeble over the Arabian Sea so that the districts, influenced by this branch of the current, received usually light rainfall. In the Bay of Bengal a storm formed on the 11th and 12th and passed into East Bengal on the 15th bringing monsoon rainfall with it, but between the 21st and 27th the rainfall was light over North-East India. The month's rainfall was generally light except in the Punjab, Sind, East Bengal and the Surma Valley. In consequence of this deficient rainfall the mean temperature was generally excessive except in parts of North-West and North-East India. The excess was greatest in the Central Provinces. The highest temperature recorded was  $125^{\circ}$  at Jacobabad on the 5th. In July the rainfall was approximately normal—except in the North-West Frontier districts, the Indus Valley and North-West Rajputana, where only a quarter of the normal fall was received, and on the West Coast and in Bengal where the fall was in moderate excess. The mean temperature was in defect both by day and night over the greater part of the United Provinces, North-East India and Central and Upper Burma and in excess elsewhere, the greatest excess being reported from



the north-west where it varied between  $2^{\circ}$  and  $9^{\circ}$ . In Gujarat and North Bombay the absolute maximum temperatures were in some cases higher than have been previously observed in July. There was a long break in the rains during the first seventeen days of August over North-West and Central India and the Deccan and the only districts where the month's rainfall was excessive were Upper Burma, the greater part of North-East India, North Bombay and the central and eastern districts of Madras. Elsewhere the rainfall was in considerable defect. The mean temperature was higher than usual at practically all the plains stations and the diurnal range of temperature was greater than usual. The thermometer rose to  $116.6^{\circ}$  at Jacobabad on the 1st. Five cyclonic storms occurred during the month of September. Hence there was almost daily rain and the month's rainfall was in excess in practically all parts of the country. Owing to the cloudy rainy weather the day temperature was generally (and on some occasions largely) below the normal while the night temperature exceeded the average. The diurnal range of temperature was hence low and the mean temperature was, over the greater part of the country, less than usual. October was also a disturbed month and the rainfall was heavier than usual over the greater part of the Peninsula and over the Punjab and adjoining parts of the United Provinces. The mean temperature was low over parts of Burma, Assam, the foot of the Himalayas, the Madras Coast and South India and was more or less excessive elsewhere. During November and December there was generally more rain than usual over the Peninsula and less than usual over Northern India. Temperature changed rapidly and considerably during this period, but for the whole time the variations from the normal were neither large nor important.

Both the maximum and minimum temperatures on the mean of the year were below the normal over the inland parts of Burma, Assam, Bengal and Orissa, but were higher than usual elsewhere. The excess was greatest and about  $1\frac{1}{2}^{\circ}$  in the Indus Valley, Rajputana, Central India, Gujarat and the Deccan while the deficiency was greatest and about  $1.0^{\circ}$  in Assam.

Pressure on the mean of the year slightly exceeded the normal over Burma, Assam, Bengal, Orissa, the Deccan and South India and was in slight defect elsewhere. For the whole year the variation from the normal was  $+0.016$  and both in February and October the variations from the normal were very large.

The relative humidity on the mean of the year was above the normal over South India but was below in all other divisions. The two first months of the year were marked by excessive dryness almost everywhere.

The cloud amount was generally below the normal during January, March, June and August and varied irregularly from the normal in the remaining months. On the mean of the year there was a trifling excess over Bengal, Orissa, the Deccan and South India and a deficiency elsewhere.

The rainfall of the whole year was in excess over Assam, Bengal and Orissa, the West Coast and South India but was in defect in all the remaining provinces. On the mean of the whole area the annual rainfall was  $0.37''$  in defect.

The rainfall was in general excess in September, but was more or less in defect in the other months more particularly in January, February, June and November.



## SECTION II.

### EUROPEAN ARMY OF INDIA.

2. The health of the European Army of India during 1902 was not quite so good as during the previous year, for, though the admission rate, the constantly sick rate, and the invaliding rate were all slightly lower than in 1901, the death-rate was considerably higher.

The chief causes of admission into hospital were venereal disease and ague. These diseases accounted for 26 *per cent.* and 23 *per cent.* respectively of the total number of admissions from all causes. The only diseases with increased admission rates as compared with 1901 were venereal disease and enteric fever. The admission rates on account of ague, simple continued fever, influenza, and respiratory diseases were considerably lower than in the previous year.

The chief causes of death were, as in 1901, enteric fever and abscess of the liver; the death-rates of both these diseases being higher than in the previous year. The death-rate on account of respiratory diseases was also increased. On the other hand the mortality from cholera, simple continued fever, and dysentery was diminished. Enteric fever accounted for 29 *per cent.* of the total number of deaths, and abscess of the liver for 13 *per cent.*

The chief causes of invaliding were, in order, secondary syphilis, debility, and ague.

Among the troops comprising the Delhi-manceuvres-and-Durbar-Force, the chief causes of admission into hospital were ague and venereal disease; ague accounting for 30 *per cent.* and venereal disease for 21 *per cent.* of the total number of admissions from all causes. Enteric fever was the chief cause of death among the troops of this Force, accounting as it did for 56 *per cent.* of the total number of deaths.

3. Bombay was the most unhealthy of the four commands, Bengal coming next, and both being more unhealthy than in 1901. The highest mortality from remittent fever, heat-stroke and pneumonia occurred in the Punjab Command, and the highest from small-pox and ague in the Madras Command. Among stations of over 100 strength the highest death-rates were recorded at Barrackpore, Murree, Kakool, Naini Tal, Attock, and Fatehgarh. The death-rates recorded at all these stations except Barrackpore and Naini Tal, were higher than in the previous year. Abscess of the liver was the chief factor in the mortality at Barrackpore and Naini Tal; and enteric fever at Kakool. Among stations of over 1,000 strength the highest death-rates were recorded at Colaba and Kurrachee; enteric fever being the chief cause in the former station and circulatory diseases in the latter. The death-rate at both these stations was more than three times as high as in 1901.

4. The most unhealthy geographical groups in 1902 were Bengal-Orissa, Central India, and Burma Inland. The highest admission rates on account of simple continued fever, rheumatic fever, and venereal diseases were recorded among the troops in the Burma Coast group; the highest on account of ague among those in the Burma Inland group; the highest on account of influenza, cholera, remittent fever, dysentery, abscess of the liver, and congestion and inflammation of the liver among

India. Appendices A. and B. Tables I, LIII, and III.

Commands and Stations. Appendix A. Tables I, III, IV, V.

Geographical groups. Appendix B. Table II.



those in the Bengal-Orissa group; the highest on account of enteric fever and pneumonia among those in the Upper Sub-Himalaya group; the highest on account of small-pox among those in the Indus valley group; the highest on account of tubercle of the lungs and respiratory diseases other than pneumonia among those in the Hill Depôts group; the highest on account of diarrhœa and the lowest on account of venereal disease among those in the Hill Stations group; and the lowest on account of ague among those in the Western Coast group.

5. The admission rate on account of influenza, which had risen to 8·9 *per* 1,000 in 1901, fell to 1·8 *per* 1,000 in 1902. The decrease was general throughout the country, but it was most marked in the Madras and Punjab Commands. The admission rate was, however, as in 1901, highest in the Madras Command, that of the Bengal Command coming next. Among the groups, the Bengal-Orissa group (IV) had the highest admission ratio, the Hill Stations group (XIIa) coming next, and the Southern India group (XI) third. As compared with 1901, group II was the only fresh one affected, and group VII escaped; in both years all the other groups recorded admissions. Twenty-one stations returned cases, as compared with thirty-three stations in 1901. The largest number of cases occurred at Chaubuttia where a mild epidemic, causing 31 cases with one death prevailed during March, April and May. This was the only death recorded under the heading of influenza during 1902. At the *post mortem* examination of the case both lungs showed signs of intense congestion with numerous patches of consolidation, and there were also signs of recent pleurisy on both sides.

The fact that influenza frequently escapes recognition not only in mild cases but even in fatal ones has been emphasized by Washbourn and Eyre<sup>1</sup>. In the examination of the lungs of 12 cases of broncho-pneumonia occurring in children and adults these observers isolated and identified the influenza bacillus in four; and in four of the other cases a bacillus was found morphologically identical with the influenza bacillus and resembling it also in such cultivations as were obtained. Jochmann and Moltrecht<sup>2</sup> also have isolated a bacillus indistinguishable from the bacillus of influenza in 20 out of 22 fatal cases of broncho-pneumonia occurring as a complication of whooping cough in children. This bacillus was identical with that previously isolated by Jochmann and Krause<sup>3</sup> from the sputum of children suffering from uncomplicated whooping cough, and called by them the *Bacillus pertussis*, Eppendorf.

6. Only 3 cases of cholera were admitted among the European troops during 1902, as compared with 12 cases admitted in 1901, and 107 cases in 1900. In 1901 and 1902 all the cases were fatal. The man who died from cholera at Fort William was supposed by the Medical Officer to have contracted the disease by swallowing water while bathing in the Fort swimming bath. In the two cases occurring at Dinapore the origin of the disease could not be traced.

7. Both the admission rate and the death rate on account of small-pox rose very slightly during 1902 as compared with 1901; the number of admissions and deaths respectively being 23 and 4 in 1902, as compared with 20 and 3 in 1901. At Meerut there were 3 admissions with 1 death; at Quetta 3 admissions; at Lucknow, Meean Meer, Kirkee and Bellary, 2 admissions each with 2 deaths at Bellary. At no other station was there more than one case. The cases at Meerut are stated to have been probably contracted in the bazaar. The man who died at this station had been twice



vaccinated, the last time in 1898. At Quetta small-pox was very prevalent in the district from March to May. At Kirkee one man developed small-pox while in hospital for venereal disease.

8. Intermittent fever caused 23 *per cent.* of the total admissions during the year 1902 as compared with 27 *per cent.* during 1901. The admission rate *per* 1,000 was less than in 1901 but the death-rate was slightly increased. The most malarious of the four commands was, as in the previous year, the Punjab; but the admission rate in this command was considerably lower than in 1901. In all the commands except Bengal there was a marked decrease in the admission rate as compared with the previous year. As in 1901, the highest admission rate on account of intermittent fever during 1902 was recorded among troops in the Burma Inland group; but the troops in all the groups had decreased admission rates as compared with 1901 except those in groups IV, V, VII, and IX. The statistics of all the stations in the Burma group except Port Blair showed a marked decrease in the admission rate of intermittent fever as compared with the previous year, and in each of the four commands the statistics of more stations showed a decrease in the admission rate on account of this disease than an increase. Excluding hill stations a decrease in the admission rate of intermittent fever was noted in 1902 in 42 stations and an increase in 28 stations. The stations at which the highest admission rates were recorded were Fort Dufferin, Attock, Fort Lahore, Deesa and Saugor, all of which returned admission rates of over 850 *per* 1,000 of average annual strength. The admission rates recorded at Fort Dufferin and Fort Lahore were, however, lower than those of the previous year; at the other three stations they were higher. Some of the stations at which the lowest admission rates on account of intermittent fever were recorded were Mallapuram, Madras, Bareilly, Thayetmyo, Trichinopoly and Calicut. Some stations with a large increase in the admission rate, as compared with 1901, on account of this disease were Attock, Saugor, Deesa, Cawnpore, Rawalpindi, Kurrachee, Nowshera, Pashawar, Agra, Mhow and Fort William; and some with a considerable decrease were Meean Meer, Nasirabad, Fort Lahore, Mallapuram, Fort Dufferin, Amritsar, Thayetmyo and Meiktila. In at least 20 of the hill stations a decrease in the admission rate on account of intermittent fever was also observed.

In nearly all stations where a decrease in the admission rate on account of ague occurred in 1902 as compared with 1901, the medical officers attribute the decrease partially or wholly to measures taken to prevent the breeding of *anopheles* mosquitoes by applying kerosene oil to pools and other collections of water. Judging however from an examination of the medical officers' reports of these operations against mosquitoes, it would appear that in only a very few stations were they carried out with sufficient thoroughness as to be likely to have affected the prevalence of mosquitoes in any considerable degree; and it would be unwise to attribute the decrease in the prevalence of intermittent fever among British troops, a decrease which has been noted this year in the majority of stations throughout India and Burma not only among British troops, but also among native troops and prisoners, to such trifling measures as have been carried out. At Attock the principal source of the malaria carrying mosquito was said to be the fire-tank at one corner of the barrack square, and a recommendation that this should be covered over was being acted upon. At Deesa the prevalence of malaria was ascribed to a heavy



rainfall at the end of August which filled many mosquito pools, and the greater incidence of the disease among the men of the Royal Artillery was attributed to the nearness of their syce lines. Precautions against the breeding of *anopheles* mosquitoes were taken, and prophylactic doses of 15 grains of quinine twice a week were reported to have been beneficial. At Saugor also the increase in malaria was attributed to unusual rainfall in November: the administration of prophylactic doses of quinine did not give good results. At Cawnpore a prophylactic dose of quinine was given daily and was said to have been beneficial, but the dose given is not stated. At Rawalpindi *anopheles* mosquitoes were found all over the barracks, although all drains were kept carefully swept out and kerosene oil freely applied to all pools and drains for some months, the cantonment authorities having given 100 rupees a month to be spent on kerosene oil for this purpose. Quinine was also used as a prophylactic in this station but evidently not with sufficient care. At Kurrachee the increased admission rate was attributed to unusual rainfall in the latter part of the year, and the admissions in November far exceeded those of any other month. Quinine parades were instituted and the British Infantry battalion was moved to a health camp 10 miles away, a reduction in the prevalence of malaria being soon afterwards observed. At Nowshera, from the middle of May to the 31st of October kerosene oil was freely applied to all places where stagnant water was likely to collect; but in this station, as in many others, it is not stated whether any larvæ of *anopheles* were ever found, or whether the application of oil had any effect in reducing the prevalence of mosquitoes. At Bellary, Shwebo, and some other stations, on the other hand, the medical officers state that no *anopheles* larvæ could be discovered by careful search, but that kerosene oil was nevertheless used as orders to that effect had been received. The medical officer at Agra was unable to account for the greatly increased prevalence of malaria among the troops, but the disease was said to be more prevalent and severe throughout the whole district than in any previous year. Mosquitoes abounded everywhere, and *anopheles* larvæ were found in small tanks in connection with wells, as late as the middle of November. The stagnant water in the moat was found to be a favourite breeding ground of mosquitoes. At Mhow which is one of the few stations where a systematic search for *anopheles* mosquitoes appears to have been made, the larvæ were first found in March. In July and the following months numerous *anopheles* larvæ were found in the overflow water of wells, the water of road-side culverts, drains for carrying off lavatory water, a few tanks, tins containing water placed round the hayricks in case of fire, surface drains, ditches and shallow ponds. It was found impossible to deal effectively with the drains, and larvæ were found in them up to the end of the rainy season. Numerous larvæ were found in the *kutchha* drains near the regimental bazaar, and the medical officer says that nothing is easier than for the mosquitoes developed in these drains after biting infected people in the bazaar to find their way into the adjacent barracks. In support of this contention, it was found that men in the barracks near the bazaar suffered much more frequently from malaria than those in the barracks further removed from it. The decrease in the admission rate for malaria at Meean Meer was far greater than at any other cantonment in India. This cantonment had been examined by the Royal Society's Malaria Commissioners in 1901, and operations based on their recommendations were carried out vigorously during 1902. The chief measures undertaken were: (1) an attempt to lessen the number of *anopheles* mosquitoes by dealing with all breeding places



by the systematic cleaning of irrigation channels, the filling in of all pools, and the use of kerosene oil; (2) an attempt to lessen the danger of the large sources of infection of *anopheles* mosquitoes found in the presence of native lines and bazaars, by their removal to a distance or by the systematic treatment of all children in such lines with quinine; (3) an attempt to reduce the number of relapses and possibly of new infections by the regular administration of a dose of 10 grains of quinine twice a week to all the European troops. A summary of the operations carried out at this station up to the end of 1903 will be found in Section IX of this report.

The admission rate on account of remittent fever was slightly higher than that in 1901. The months of maximum prevalence of the disease among all the European troops in India were August and September, those of intermittent fever being October and November. Like intermittent fever, however, the disease was more prevalent during the year in the Punjab than in any of the other commands. In this command the monthly admission rates were almost equal from April to October. The maximum month of prevalence for troops in the Madras Command was July, that of intermittent fever being September; for troops in the Bombay Command the maximum month was April, that of intermittent fever being October. The highest admission rates were recorded at Fort William, Fort Chingrikhal, and Cherat.

The admission rate on account of simple continued fever was much lower than that of the previous year. The decrease occurred in the statistics of all the commands, but like that of ague was most marked in the statistics of the Madras Command. As in 1901, the highest admission rate was recorded among the troops in the Bombay Command; but of the groups the Burma Coast group (I) had considerably the highest ratio. The month of maximum prevalence of this disease was June. The most frequent causes assigned for the attacks were excessive heat, exposure to the sun while at work or at musketry practice, and chills. In some stations all cases were so returned of which the cause was obscure and in which the blood did not react to Widal's test. At Bareilly, from which station the largest number of admissions during the year were returned, the majority of cases were kept under observation for enteric fever, but no signs of the latter disease having developed, and no obvious cause for the rise of temperature being observed, they were returned as simple continued fever. At Mhow some of the cases strongly resembled enteric fever and would have been returned as such but for the fact that Widal's test was negative. It is possible that some of these may have been cases of "paratyphoid" fever.

There were eight admissions and one death from Malta fever during 1902 as compared with five admissions and no death during 1901. Three admissions with one death were recorded at Kasauli, two admissions at Kirkee, and one admission each at Meean Meer, Jullundur and Rawalpindi, respectively. No information is given in the reports of the medical transactions of Meean Meer, and Rawalpindi as to how the diagnosis of Malta fever was arrived at. In all the other stations the diagnosis appears to have been established by means of the serum test. In the case at Meean Meer the disease manifested itself after an attack of heatstroke. The medical officer at Kasauli states that this was apparently the first occasion on which the disease made its appearance there, and its cause could not be ascertained. The three cases were all of a severe type and one proved fatal. This case was first admitted for enteric fever, and it is said that Malta fever supervened upon this disease. In the case of another death recorded at this station the disease was first returned as Malta fever, on the grounds



that the serum reaction was positive for this disease and negative for enteric fever but after a short time it became evident on other grounds that the disease was, after all, one of enteric fever, and the original diagnosis was changed accordingly. These facts appear to throw some doubt on the value of the serum reaction test for Malta fever. No serious attempt has apparently been made up to the present in India to isolate the *Micrococcus melitensis* from any case of Malta fever reported, and the proof of its existence as a disease of this country rests solely on the results of reactions obtained between cultures of the micrococcus and the serum of patients suffering from "fever."

9. Although other ways by which enteric fever may be contracted and spread   
 Enteric fever (2). Water. Bacil- have recently received increased attention at the   
 lary diagnosis. Milk. Butter. hands of observers, the dissemination of the disease by means of water still holds a most important place. According to Tavel<sup>1</sup> the proof that water is the source of infection in any given epidemic can be arrived at in one of the following ways: (1) through the proof that the water has been contaminated by the dejections of typhoid fever patients; (2) through the proof that in a place which is supplied from two or more different sources, cases of enteric fever only appear in the houses supplied from a particular source; (3) through the direct proof of the presence of the enteric bacillus in the water by its isolation from it. He gives a critical analysis of the reports of epidemics in which the proof that water was the source of the disease was supplied by one or other of these methods, as well as an account of an epidemic in which he was able to isolate the enteric bacillus from the water. Springfield<sup>2</sup> also has compiled statistics showing that a number of epidemics of enteric fever occurring in the industrial districts under his charge were due to direct pollution of the water-supply, and Gärtner<sup>3</sup> has collected statistics which tend to prove that many epidemics of enteric fever must be attributed to polluted spring water. As regards the proof by the isolation of the bacillus of Eberth from a suspected water-supply all observers are agreed as to the extreme difficulty of finding and correctly identifying the bacillus in water, and it is a matter of some difficulty to separate trustworthy from worthless observations on this subject. Tavel<sup>4</sup> states that during fifteen years of work he has only once succeeded in finding the typhoid bacillus in water, and Busquet<sup>5</sup> is reported to have said that out of 984 bacteriological examinations of water which he had made with the object of searching for the bacillus only five gave positive results. Koch<sup>6</sup>, who after much experience, has come to the conclusion that the bacillus has only a very short life in water, states that in his recollection he has only once been able to prove the presence of the bacillus in a suspected water, and in that case only because the well from which the sample of water was obtained was being continually contaminated anew by the stools of typhoid patients. Bonhoff<sup>7</sup> has also given instances of the cases in which he considers the bacillus was correctly identified in the water-supply, and arrives at the conclusion that they are extremely few; and that much time may be wasted in a hopeless search for the typhoid bacillus in water. Finally Reichenbach<sup>8</sup> in an account of the relation of well water to enteric fever, expresses the opinion that if there is distinct evidence on other grounds that cases of enteric fever have been due to the water of a particular well, it is only a waste of time to look for bacilli in the water; it is a question not of whether there are or are not enteric bacilli in the water, but of whether the surroundings and condition of the well are such that the bacilli could have got into it or not. As was noted in this report for 1901, and as has since been pointed out by Tavel<sup>9</sup>, Neufeld<sup>10</sup>, Bonhoff<sup>11</sup>, and



others, the frequent negative results of examinations of water are due in many cases to the fact that, owing to the comparatively long incubation period of the disease and to the fact that the diagnosis of the first case in an epidemic is often uncertain, by the time a bacteriological examination comes to be made all the typhoid bacilli have long since disappeared from the water. Bonhoff<sup>12</sup> gives it as his opinion that on an average the bacilli are not present in water longer than four weeks after the moment of infection, that is about 14 days after the outbreak of the disease, and Neufeld<sup>13</sup> states that the bacilli cannot remain alive in unsterilized water longer than two to three weeks. On the other hand Tavel<sup>14</sup> has shown that under certain circumstances typhoid bacilli can remain alive and virulent in water for several months, as, for example, when they are present in the comparatively stagnant water at the blind end of a pipe. He considers, however, that such a length of life of the bacillus in water is exceptional, and that it is much more frequently the case in epidemics that the water is constantly being freshly contaminated during rain-storms or by other means. But it appears that the typhoid bacillus can remain alive much longer in the mud and sediment at the bottom of a well or pipe than in the water itself; and Busquet<sup>15</sup> and later Bonhoff<sup>16</sup> have drawn attention to the necessity of examining the sediment as well as the water itself. In all the five positive findings of Busquet mentioned above, the water contained more or less muddy deposit. Some French authors have attempted to explain the frequent negative results of bacteriological examinations of water by saying that the bacillus after long sojourn in water changes its properties—the changes especially referring to its capacity for being agglutinated. Rodet and Lagriffoul<sup>17</sup> for example have pointed out that different races of the same bacillus may behave differently as regards their agglutination properties, and enteric bacilli from the organs or from water may even be altogether refractive to agglutination. They consider that it must now be admitted that the agglutinability of a bacillus is not the infallible specific criterion it was believed to be, but a contingent and variable quality like other properties of microbes. The difficulties of the research of the bacillus of Eberth in water have also been multiplied greatly since the discovery of numerous varieties of bacilli closely resembling the typhoid and colon bacilli, and according to Burnet<sup>18</sup> (who states that Pellegrini has counted no less than 75 varieties of “false-typhoid bacilli” in the water of Pisa), Bienstock,<sup>19</sup> Simpson,<sup>20</sup> and others, no certain method for its isolation from water has yet been discovered. Neufeld<sup>21</sup> in referring to the isolation of the bacillus from fæces says that none of the methods are suitable for the practitioner but that all are suitable for the expert, and that experience and practice are of more importance than the exact method used; and a similar observation may be made with regard to the isolation of the bacillus from water. Some of the newer methods are those of Chantemesse<sup>22</sup>, Schepilewsky<sup>23</sup>, Altschüler<sup>24</sup>, Hergemann<sup>25</sup>, Schüder<sup>26</sup> and Cambier<sup>27</sup>. The chief difficulty of the research consists in the separation of true typhoid bacilli from the *B. coli communis* and others closely resembling it. Fitz Gerald and Dreyer<sup>28</sup> consider that the neutral-red method as usually employed for the differentiation of *B. typhosus* and *B. coli* is uncertain, because certain species of Eberth's bacillus and of the *B. coli* do not produce any change of colour in the medium, and different samples of neutral-red are reduced unequally. Roth<sup>29</sup> has devised a method of differentiating these bacilli consisting in the addition of a 1 per cent. solution of caffeine to the medium, which prohibits the growth of *coli* but not of typhoid bacilli; and Omelianski<sup>30</sup> a method based upon the



principle that certain microbes when cultivated upon gelatine to which phenolphthaleine and formate of soda have been added, decompose the latter and set at liberty carbonate of soda, in the presence of which the phenolphthaleine causes the medium to become of a rose colour. On this medium the coli bacillus grows well, while the typhoid bacillus only grows very slowly, so that after 24 hours the typhoid colonies, not having developed very much, do not cause any change in the colour of the medium, while the coli colonies have changed it to a rose colour. Koch<sup>31</sup> considers that of all the methods for the separation of the typhoid bacillus from others resembling it that of Drigalski and Conradi is the best. Neufeld<sup>32</sup> insists on the fact that in order to be certain that a bacillus isolated from water is really a true typhoid bacillus it must not only agree in all its morphological, cultural, and chemical characters with a known true typhoid bacillus (controls experiments with which must be made at the same time), but that Pfeiffer's immunity experiments must also be carried out, and the bacillus must be agglutinated by the serum of an immunized animal in high dilution, as is the case with a known true typhoid bacillus. According to him the agglutination test can be free from objection only when a powerful serum, the agglutinating power of which is exactly known, is employed. An agglutination with a low dilution of the serum such as 1 in 100 or under, can never be regarded as conclusive; and still less value is to be attached to agglutination when, as is frequently the case, the experiment is made with the blood of a typhoid fever patient, or of a convalescent from the disease, instead of with the serum of an immunized animal; because the blood of typhoid fever patients and convalescents frequently possesses a considerable power of agglutinating certain kinds of *B. coli*. For this reason the methods of isolating the typhoid bacillus from water described by Simpson<sup>33</sup> and others cannot be regarded as satisfactory. Although true typhoid bacilli are so rarely found in water it is common in India, as elsewhere, to find bacilli of the *coli* group; and it is an important matter to decide whether such a finding, and especially the finding of *B. coli communis*, should be regarded as indicating faecal contamination of the water. It is usual to say so, and according to Neufeld<sup>34</sup> if such bacilli are abundant in the water so that they can be found on ordinary planted-out plates, one can with some certainty decide that the water has been contaminated. In other cases, however, where the *B. coli* is contained in only a few isolated specimens of the water, and can be cultivated from it only by special methods, Neufeld considers that most observers would not think it justifiable to draw such a conclusion, since the *B. coli communis* has often been found in water which is quite free from suspicion. Having regard to this fact some workers have advocated that the *pathogenicity* of isolated *B. coli* should be regarded as the best criterion of the purity or otherwise of a drinking water; and they consider that if *B. coli* isolated from water are non-virulent when injected into small animals the water may be considered as free from dangerous pollution. This question has been studied by Savage<sup>35</sup> who concludes that the pathogenicity of isolated *B. coli* is of no help in determining the harmfulness of the water examined, and that virulence as a property of *B. coli* is a very variable character and one which can be readily lost and with greater difficulty acquired. According to Klein<sup>36</sup> the fact that a microbe, owing to insufficient response to certain tests, can be described only as a "coli-like" microbe is at present of indeterminate value in making a definite diagnosis of sewage or other pollution, and it is only when typical *B. coli communis* are found that a certain diagnosis of excremental pollution can be made.



Winslow and Miss Hannevell<sup>37</sup> have made a study of the distribution of the *B. coli* and of Houston's streptococci in polluted and unpolluted waters. Their general conclusions were: (1) micro-organisms which ferment sugar are in general rare in non-polluted waters; (2) the *B. coli* is very rare in non-polluted waters (5 times in 157 specimens of water); (3) the group of streptococci and staphylococci would appear to be intimately associated with a recent pollution by sewage. They were found 3 times in 157 specimens (1 c. c. each) of unpolluted water and 25 times in 50 specimens of polluted water. Jordan<sup>38</sup> has also found that in freshly polluted river water non-chromogenic staphylococci were much more abundant than in the purer waters, and that fluorescent bacteria and a group of non-gas producing non-liquefying bacteria were less abundant in polluted than in purer water. As regards the purification of water Proskauer and Schüder<sup>39</sup> have published a favourable account of the use of ozone in actual practice on a large scale at Wiesbaden; and Vaillard<sup>40</sup> has made a special study of the means of purification of water applicable to troops on the march. He comes to the conclusion that the most practicable and efficient method is by the addition of chemicals to the water, and recommends especially the Iodine method.

According to Neufeld<sup>41</sup>, milk is, next to water, by far the most important agent in connection with the epidemiology of typhoid fever, and Schüder<sup>42</sup> gives statistics of 110 epidemics as being caused through milk as compared with 462 through water. Since milk is a good medium for the growth of the typhoid bacillus it is often possible to recognise the cause of the disease much sooner in this than in any other medium. Bruck<sup>43</sup> has made a very complete experimental research on the communication of typhoid fever by means of butter. Most of the previous researches on this subject had not been made under such conditions as would usually be met with in actual practice. Three series of experiments were made by Bruck. In the first, pure typhoid cultures were added to milk, and butter was made from the cream which formed after allowing the milk to stand. Typhoid bacilli were found in the cream and in the butter. In the second series the vessel containing the milk and the apparatus used for making the butter were rinsed with water to which typhoid bacilli had been added. In the third series some pieces of cloth were contaminated with typhoid dejections and then washed in water which was afterwards used to wash out the vessels and apparatus. In all these series of experiments typhoid bacilli were found in the cream and in the butter, even when only a very small quantity of typhoid material was used for contamination. Bruck also found that after the typhoid bacilli had reached the butter they were capable of remaining alive in it for 27 days.

That an intimate connection exists between sewage polluted soil and outbreaks of enteric fever is well known, but as Neufeld<sup>41</sup> points out it is not the actual soil itself which is of significance in connection with typhoid infection, for the experiments of Koch and others have shown that typhoid bacilli find no conditions in soil which permit of their increase. On the contrary, as Poore<sup>2</sup> has shown, the soil is effective in bringing about the destruction of pathogenic germs, and according to him enteric fever cannot in any way be considered as a "soil disease" in the proper sense of the term. Koch<sup>3</sup> says that the typhoid bacillus is not capable of a saprophytic existence in the ground; and according to Neufeld the reports of earlier authors such as that of Fülles,<sup>4</sup> who said that the bacilli could be found in any sample of cultivated land in the neighbourhood of Freiburg,

Soil. Dust. Flies. Clothes.



and those of Remlinger and Schneider<sup>5</sup> are wrong, and are the result of confusion of the typhoid bacillus with other similar kinds. Such experiments as those of Rullmann<sup>6</sup> who found that typhoid bacilli were capable of remaining alive in *sterilized* earth longer than a year, are of little value in this connection because they were not made under natural conditions. It is a different matter however if typhoid bacilli reach the soil in conjunction with some suitable medium such as in the fæces, or inside a corpse, and although even under these circumstances but little increase of the bacilli takes place, they can remain alive a long time, and under certain conditions can easily effect a spread of the disease to more distant places. Thus Lösener<sup>7</sup> was able to cultivate the bacilli from a typhoid spleen which had been buried 96 days, and having regard to the difficulties of isolating and identifying the bacillus Neufeld considers that under such circumstances typhoid bacilli could remain alive much longer even than this. Koch<sup>8</sup> considers that in damp ground if the bacilli reach it in conjunction with fæces or other suitable medium they may perhaps remain alive a fortnight, or even occasionally, as long as several months. He says further that it is possible they can remain alive throughout one winter on the fields if they are placed there along with the contents of latrines for example, but not much longer; and sums up his conclusion by saying that though the typhoid bacillus may perhaps be able to remain alive outside the human body (especially in the soil) somewhat longer than the cholera bacillus, still even in that medium it dies out in a comparatively short space of time. Neufeld<sup>9</sup> admits that a spread of infection can result occasionally from a contaminated soil by infected particles of fæces being blown in the form of dust and deposited on food, etc., and Pfuhl<sup>10</sup> has observed cases where the infection was produced in this way and where it was proved that the surface layers of the ground had been contaminated by typhoid excreta. Under the conditions of war where much pollution of camping grounds usually occurs, this mode of infection has lately come to be regarded as a very important one by many observers. Ormerod<sup>11</sup> considers this to be the way by which infection is usually spread in the west of Queensland where whirlwinds are frequent, and Firth and Horrocks<sup>12</sup> state that infected dry soil if blown about as dust is capable of infecting distant objects after 24 days from the time of dessication. That the typhoid bacillus does not, like the tubercle bacillus, as a rule, remain alive in the fine dust of a room in which it may be spread about by gusts of wind or draughts, is shown according to Neufeld by the epidemiological facts of the disease as well as by many laboratory experiments. Still, the possibility of a few isolated cases being due to this method must be admitted, and according to Schmidt and Weis<sup>13</sup> the enteric bacillus can survive in the air even after thorough dessication for several weeks.

The question of the conveyance of typhoid infection by means of flies has been closely studied by Ficker<sup>14</sup> who has shown that 23 days after they have been fed on typhoid cultures, flies can still contaminate the objects on which they rest. The bacilli were found on the head, feet, wings and in the intestines of the flies. Hamilton<sup>15</sup> in a study of an epidemic of typhoid fever in Chicago made an exhaustive enquiry into the part played by the common house fly in the dissemination of the disease. Flies caught in two undrained privies, on the fences of two yards, on the walls of two houses, and in the room of a typhoid patient were used to inoculate 18 tubes, and from 5 of these tubes the typhoid bacillus was isolated. The conclusion arrived at was that when discharges from typhoid patients are left exposed in privies or yards, flies may be an important agent in the dissemination of the typhoid infection. Nash<sup>16</sup> in a



paper on the seasonal incidence of typhoid fever and summer diarrhœa, gives facts in support of the agency of flies in the spread of enteric fever, and states that milk infected by flies is the chief factor at least in the case of summer diarrhœa. Dudfield<sup>17</sup> has also obtained evidence of the spread of enteric infection by means of flies, and Welch<sup>18</sup> and others have drawn attention to the importance of this agency. On the other hand, Turner<sup>19</sup> considered the agency of flies in the spread of enteric fever in the South African War to have been unimportant, and states that the highest proportion of admissions for this disease occurred in midwinter when flies were not troublesome.

The danger of contracting infection from soiled clothing has been brought vividly into prominence by the outbreak of typhoid fever which occurred on the training ship "*Cornwall*" in the case of which the source of infection was traced to contaminated blankets returned from South Africa. Klein<sup>20</sup> is said to have reported that these blankets contained innumerable typhoid bacilli, and if such was the case, the occurrence throws additional light on the persistence of vitality of the enteric bacillus on fabrics and on the danger of infection by other means than through water. The researches of Firth and Horrocks on this subject were referred to in this report for 1901.<sup>21</sup> Garvin<sup>22</sup> also has described an epidemic of typhoid fever occurring among the Boer prisoners of war at Ceylon, in which the infective material was shown to have been conveyed from South Africa on the clothes of the prisoners themselves.

That enteric fever is frequently communicated by direct infection from one case to another is now recognised on all sides.

**Direct infection.**

Neufeld<sup>1</sup> says it is proved by the fact that where a typhoid patient is treated in his own home under bad hygienic surroundings it often happens that a series of cases, separated from one another by intervals of several weeks, occur among the members of his family; thus showing that it is not a question of a common source of infection but of a communication from case to case. Cases of enteric fever occurring among sick attendants or nurses in hospitals, instances of which were given in this report for 1901, frequently offer good examples of this mode of infection. Koch<sup>2</sup> considers it to be perhaps the most important of all methods by which typhoid fever is disseminated. In his successful campaign against the disease at Treves he found that all the cases were to be referred to contact; the infection was always carried directly from one person to another and no trace of a connection with water was to be found. The cases occurring in a house always formed a series in which the disease first attacked one person, then two or three weeks later another, several weeks later another, and so on. An important discovery was the fact that the disease was spread chiefly by the school children, who were always together for the whole day and who frequently carried infective material on their boots from the latrines into the houses. Musehold<sup>3</sup> has described a military epidemic occurring in the autumn of 1900 in Strasbourg in which the mode of infection was from person to person, and in the sanitary report of the Prussian States for 1895-1897<sup>4</sup> a number of examples of this mode of infection are given. In an outbreak of typhoid fever occurring in a town in New South Wales investigated by Millard<sup>5</sup> it was shown that although the original source of infection was traced to contaminated milk yet after infection from this source had ceased the disease continued to spread to other inmates of houses in which cases had occurred. Hill<sup>6</sup> is reported to have traced one-seventh of



all the cases of typhoid fever occurring in one year in the city of Birmingham to personal infection, and Niven<sup>7</sup> is said to have obtained a very similar result with regard to the cases occurring in Manchester. Horton-Smith<sup>8</sup> has published an account of a small epidemic limited entirely to one family consisting of the father, mother, 3 daughters and two sons. All were attacked and two of the daughters died. The first case was undiagnosed, and no attempt was therefore made at isolation and no precautions taken to prevent the spread of the disease. The second case was attacked about three weeks after the first, and the third, fourth, and fifth a short time after. The sixth and seventh cases occurred about a fortnight after the fifth. In all the cases the attacks were clearly proved to be due to direct infection from the first case or from other members of the family. Bulstrode,<sup>9</sup> Welch,<sup>10</sup> Garvin<sup>11</sup> and others have also drawn attention to the dangers of this mode of infection. According to Neufeld<sup>12</sup> cases of direct infection are often the result of infective material being taken up on the fingers of attendants either from the soiled body of the patient, or from the bed, or from the utensils used by him, and thence being conveyed to the mouth either directly or through the medium of articles of food. It is not necessary therefore for a person to live in the same room with a patient to become infected in this way from him. Utensils used by a patient, unless thoroughly disinfected, can also be the means of spreading infection in this way for a long time after they have ceased to be used by the patient, since the researches of Gaffky, Pfuhl, Uffelmann and others as quoted by Neufeld, have shown that the bacilli can remain alive in the dry condition for several months.

In order to obtain successful results in the search for typhoid bacilli in the blood it is necessary, according to Neufeld<sup>3</sup>,  
 Blood. Urine. Faeces. Sputum. to dilute the sample of blood used in the examination very largely, in order to do away with its bactericidal properties. This principle was first successfully carried out by Castellani<sup>1</sup> and Schottmüller<sup>2</sup>. The former obtained 12 positive results out of 14 cases and the latter 40 out of 50 and in a second series 58 out of 69. Auerbach and Unger<sup>4</sup> got a positive result in 7 cases out of 10, Hewlett<sup>5</sup> in 20 out of 24, and Cole<sup>6</sup> in 11 out of 15. Courmont<sup>7</sup> who only examined typical and severe cases of the disease, found the bacillus in all the 9 cases he examined, and in 4 of the cases even before the Widal reaction was present. Troussaint<sup>8</sup> has also published a case in which the blood contained the bacillus on the fifth day when the serum reaction was still negative. Courmont and Lesieur<sup>9</sup> in an account of all the cases examined by them either separately or when working in conjunction, claim to have discovered the bacillus in all of 33 cases in which the blood was examined within the first 20 days of the disease. In 4 cases examined on the 20th day or later the result was negative. They draw the following conclusions from their work: (1) in all typical forms of the disease the presence of the bacillus in the blood is constant up to the end of the third week; (2) a positive report can usually be given in 24 or 48 hours, but one must wait up to the 5th day after making the culture before a negative result has any significance; (3) there is no evident relation between the agglutinating power of the blood and the rapidity of growth of the culture; (4) the examination of the blood for the bacillus is a method of special value in cases where Widal's reaction is not positive until late on in the disease. Their results have been confirmed in all essential points by Widal<sup>10</sup> who, however, was unable to obtain a positive result in five mild cases which he examined. These researches show that classical typhoid fever is essentially a septicæmic disease.



Neufeld<sup>11</sup> says that nearly all recent authors agree that typhoid bacilli appear in the urine in  $\frac{1}{4}$ — $\frac{1}{3}$  of all cases. Fuchs<sup>12</sup> found the bacilli in 14 out of 41 cases, Richardson<sup>13</sup> in 21 *per cent.* of cases examined by him, and Vincent<sup>14</sup> in  $\frac{1}{5}$  of his cases. According to Neufeld the bacilli appear in the urine at earliest towards the end of the second week, but in most cases later than this, and most frequently first during convalescence. In Vincent's cases the bacilli appeared first in the urine between the 11th and the 17th days of the disease, and their presence did not appear to bear any relation to the gravity of the case or to the abundance of albuminuria. He confirmed the fact of the persistence of bacilli in the urine after recovery, and observed three cases of persistent bacilluria. In one of these cases the disappearance of the bacilli was brought about by washing out the bladder with permanganate of potassium solution, and this fact as well as the fact that none of the cases presented any signs of renal disease, led him to think that the bacilli simply increase in the bladder and do not come through the kidneys. Jacobi<sup>15</sup> gives an account of the literature of the subject and a criticism of previous work. From his own results he concludes that bacilluria appears generally from the 13th to the 16th day of the disease, sometimes earlier, and sometimes only during convalescence. It is most frequently observed when the kidneys are diseased and in conjunction with albuminuria, but he admits that it may occur in the absence of any appreciable renal lesion. According to Neufeld and most other authors the administration of urotropine quickly results in the disappearance of bacilli from the urine. Fuchs, however, in the researches referred to above, found that it only caused a temporary reduction in the number of bacilli, that is, that it had only an inhibitory action and did not cure the case entirely. Ledingham<sup>16</sup> in the report of a case of typhoid fever in which renal symptoms predominated throughout (the so-called "nephro-typhoid" class of case of continental authors) states that the prolonged administration of urotropine seemed in no way to affect the number of micro-organisms present in the urine, and typhoid bacilli were found fairly abundantly in a specimen of urine passed by the patient on the day of his discharge from hospital. Goldschmidt<sup>17</sup> has written about a new urine disinfectant, helmitol, which is a preparation similar to urotropine but having the advantage over that drug of being more soluble in water.

In his experiments in combating typhoid fever Koch<sup>18</sup> has employed the method of Drigalski and Conradi in preference to all others for isolating the typhoid bacillus from the fæces. He states that with this method a sure diagnosis can be given in 20-24 hours, and at a much earlier stage of the disease than that at which it is possible to obtain Widal's reaction. In one case which occurred in his laboratory the diagnosis was proved on the second day of the disease. In addition it was possible by this method to isolate typhoid bacilli from the stools of many people who were apparently healthy, but who had come into direct contact with cases of typhoid fever. Chantemesse<sup>19</sup> has shown that in some cases of typhoid fever the bacillus may still be present in the stools for over a month after the cases have been cured, and in this way may be explained the diffusion of infection and the apparently spontaneous occurrence of many cases of typhoid fever.

Jehle<sup>20</sup> isolated typhoid bacilli not only from the hæmorrhagic sputum of cases complicated by pneumonia, but even in cases complicated with simple bronchitis. Similar observations by other workers were quoted in this report



for 1901. From a careful survey of the literature corroborated by his own bacteriological investigations Glaser<sup>21</sup> concludes that the part played by the typhoid bacillus in cases of lobar pneumonia occurring in typhoid patients is only of secondary importance, the infecting organism being unquestionably the pneumococcus. Glaser, Jehle, and others have found that the typhoid bacillus may still be present in the sputum some time after convalescence is well established. Glaser points out that if the sputum be not disinfected for a considerable period it may prove a source of infection, and Jehle considers it possible, though not probable, that infection may be contracted by cough-spray. According to Welch<sup>22</sup> there is at present no positive or experimental proof that the origin of the disease can occur through the respiratory tract, and the finding of typhoid bacilli in the sputum is so rare as not to deserve consideration from this point of view.

Some of the opinions of observers on the vitality of the typhoid bacillus in water, soil, air, and other media have been mentioned above. The experiments of Levy and Kayser<sup>1</sup> are of interest as showing that the typhoid bacillus can, under certain circumstances, retain its vitality in fæces for a long time, and as throwing some light on the more important question of the length of life of the bacillus when it reaches the soil in conjunction with that medium. These observers caused the stools of a typhoid fever patient to be deposited without previous disinfection in a cemented cesspit, in which they were allowed to remain during five winter months. At the end of this time the stools were spread as manure on a garden with a clay soil where they remained 15 days at the winter temperature. By the examination of the manure at the end of this time it was still possible to isolate typhoid bacilli from it. As no stools from healthy persons were placed in the cesspit with the typhoid stools the experiment cannot be said to have been made under such conditions as would occur in actual practice, and MacConkey<sup>2</sup> has shown that the presence of the typhoid bacillus cannot be demonstrated in crude sewage or sewage effluents after the lapse of 6.17 days. Pfuhl's<sup>3</sup> results with regard to the length of life of the typhoid bacillus in some of the various media experimented with by him were as follow: In damp garden earth, 88 days; in dry sand, 28 days; in water, 26 days; in milk 11-13 days; in butter 24 days; in Gervais cheese 24 days; on dried linen 97 days. Kurpjuweit<sup>4</sup> has shown that typhoid bacilli placed in sterile olive oil can still retain their vitality after 10 days but not after 14 days. The interesting experiments of Macfadyen<sup>5</sup> communicated to the Royal Society through Professor Dewar showed that the typhoid bacillus when immersed in liquid air (about—190°C.) for as long as six months showed no impairment of vitality; the fresh growths obtained were normal in every respect and the functional activities of the organisms were unaffected.

At the present time the opinion appears to be gaining ground that the clinical term enteric fever includes a group of diseases caused by quite distinct, though very similar bacilli, and that the diseases of this group can only be distinguished from each other by bacteriological research. Attention seems to have been drawn to the subject chiefly by the discovery that in certain typical cases of enteric fever the Widal reaction was persistently negative. In 1897 Gwyn<sup>1</sup> studied such a case, but in 1896 Achard and Bensaude<sup>2</sup> had already isolated a bacillus intermediate between the true typhoid bacillus and the *B. coli communis* from cases of fever clinically



resembling enteric fever in every respect, to which they gave the name of "paratyphoid" bacillus. Since then similar bacilli have been isolated from cases by many observers in France, America and Germany, and paratyphoid fever has come to be recognised as a distinct and widespread disease. Reviews of the literature of the disease have been published by Pratt,<sup>3</sup> Neufeld,<sup>4</sup> Kayser<sup>5</sup> and others. C. Fraenkel<sup>6</sup> in commenting on a case investigated by Hume<sup>7</sup> which was diagnosed clinically as enteric fever, but in which a bacillus differing from that of Eberth was isolated from the stools and from the cystitic urine, remarks that such cases explain those reported as "undoubted enteric with negative Widal." Still it is not justifiable to regard all cases clinically resembling enteric fever in which the Widal reaction is negative as paratyphoid fever, for this reaction sometimes fails in true enteric fever. Hoffmann,<sup>8</sup> for example, divides the cases clinically resembling enteric fever collected by him into three groups. In the first group of 2,464 cases clinically and epidemiologically resembling typhoid fever Widal's reaction failed 158 times; in the second group of 151 cases in which "Eberth-like" bacilli were found the reaction failed 12 times; in the third group of 18 cases in which Eberth's bacillus was found 8 of the cases gave a negative reaction. Out of 69 cases of suspected typhoid fever Schottmüller<sup>9</sup> separated five which were due to the paratyphoid bacillus. The bacillus resembles very closely those of the Gärtner group which are known to be the cause of meat poisoning, and Neufeld draws attention to the similarity between former epidemics of disease known to have been due to meat poisoning and cases of disease now attributed to the paratyphoid bacillus. Like the bacilli of the Gärtner group paratyphoid bacilli isolated from different cases do not, according to Neufeld, agree in all respects with one another, and in the researches of Hoffmann referred to above the serum of rabbits immunized by injections of Schottmüller's paratyphoid bacillus, while it agglutinated this bacillus in a dilution of 1-1,800 was without any action on Kayser's paratyphoid bacillus. Schottmüller<sup>10</sup> and Feyfer and Kayser<sup>11</sup> however describe two types of the bacillus, *viz.*, paratyphoid A and paratyphoid B; and Kayser in commenting on the results of Conradi, Drigalski and Jürgens<sup>12</sup> lays stress on the fact that in the diagnosis of cases of suspected typhoid fever the serum reaction test must be carried out not only with the true typhoid bacillus, but also with *both* forms of the paratyphoid bacillus. From the practical point of view a diagnosis of paratyphoid fever is of importance as, according to Kayser,<sup>13</sup> the mortality of the disease is only between 1 and 2 *per cent.* An account of the pathological anatomy of a case of the disease has been published by Lucksch<sup>14</sup>.

Probably the most important contribution to recent literature on typhoid fever is the account by Koch<sup>1</sup> of a successful campaign against the disease in a locality where it had been endemic for some years. In dealing with typhoid fever, as in dealing with malaria and cholera, Koch considers that measures of attack are better than measures of defence, and that if we can attack the typhoid bacillus at its source in man in a way comparable to that in which we can attack the malaria parasite, special precautions with regard to intermediate channels of infection such as water or soil are unnecessary. Koch admits that he was formerly of opinion that the typhoid bacillus was capable of a saprophytic existence outside the human body, retaining its vitality for long periods of time in water and in the soil; but that from longer experience he is compelled to abandon this view, and to



regard the typhoid bacillus as an obligatory parasite for man alone. As in a campaign against malaria therefore the two conditions necessary to be fulfilled in the fight against typhoid fever are, first to be in a position to discover all cases of the disease easily, and at as early a stage as possible ; and secondly to be in a position to destroy the bacillus in these cases. If this is done the further spread of the disease is impossible, and as typhoid bacilli cannot grow or retain their vitality for an indefinite period in water or soil, any of the bacilli that have previously found their way into either of these media must die out within a comparatively short space of time. Just as in an attempt to estimate the prevalence of malaria in a place but little information can be gained from a survey of the number of cases under treatment in the hospitals, so in the locality of Koch's experiment it was found that the lists of certified cases given by the local doctors gave a quite inadequate notion of the true extent of typhoid fever ; and just as in the case of malaria it is necessary to examine the blood of the general inhabitants of a district in order to find out the prevalence of the disease there, so in the case of typhoid fever it was found necessary to use bacteriological methods for the discovery of all cases of the disease. The Widal reaction was considered inadequate as it makes its appearance too late in the disease and often fails in mild cases, and after much research into the best bacteriological method for securing prompt diagnosis, Koch adopted the method of Drigalski and Conradi for isolating the typhoid bacillus from the fæces. In the locality where the experiment was made only 8 cases of typhoid fever had been notified by the local doctors, but by this method no less than 72 people were proved to be actually suffering from typhoid infection. Of these 72 people, no less than 52 were children, among whom only 3 cases had been notified. This discovery, which finds its parallel in the now well known discovery of Koch with regard to malarial infection, shows that in a place where typhoid fever has been endemic for many years the older generation, owing to previous attacks of the disease, have acquired an immunity to the infection. Every case in which typhoid bacilli were found was immediately isolated, and rigorous disinfection carried out, with the result that after three months, so far as the group of villages in which the experiment was carried out was concerned, typhoid fever was exterminated. In another group of villages under exactly comparable conditions typhoid fever continued to prevail, so that it may be inferred that its disappearance from the locality of the experiment was entirely due to the methods carried out there. From the point of view of prevention rather than of suppression of typhoid fever Bienstock<sup>2</sup> has given an account of the measures carried out in Paris to prevent the spread of the disease and statistics of the good results obtained ; and Reichenbach<sup>3</sup> an account of the arrangements in Göttingen. Captain Cooper, R.A.M.C.<sup>4</sup>, has published statistics showing the good effects of sanitation—more especially directed towards preventing the spread of infection by flies—in controlling the extent and virulence of typhoid fever and dysentery at Harrismith in South Africa. Besredka<sup>5</sup> has prepared a vaccine by heating a culture of the typhoid bacillus suspended in physiological salt solution for an hour at 60° C., mixing it with antityphoid serum by which the bacilli are agglutinated, and separating the agglutinated bacilli from the serum by repeated washings with salt solution. The bacilli thus washed are said to exhibit remarkable capacity for conferring immunity on injected animals. The immunity of animals injected with these typhoid bacilli is said to appear in 24 hours, and during the process of immunization the susceptibility of the animal is not increased but rather diminished.



The vaccine produces no alarming symptoms and remains active and effective for a long period. Macfayden,<sup>6</sup> by triturating typhoid bacilli at the temperature of liquid air, has obtained a toxic fluid ("typhoid cell-juice") which was found to confer bactericidal and antitoxic properties on the serum of animals injected with it. A Committee<sup>7</sup> appointed by the Royal College of Physicians to report on the practical safety and prophylactic value of antityphoid inoculations arrived at the conclusion that not only is a lessened susceptibility to the disease brought about as a result of the inoculations, but that the case mortality is largely reduced. The Committee also considered that with due care the process of inoculation was devoid of direct danger, but that under special circumstances there may possibly be some temporary increase of susceptibility to infection immediately following inoculation.

10. It has been noted for several years that the majority of medical officers make little or no attempt to explain the origin of outbreaks of enteric fever occurring in their stations, and the year 1902 is not exceptional in this respect. Nearly 30 medical officers state either that the cause of the occurrence of cases of enteric fever in their station is unknown, or that "the origin could not be traced." Among the more interesting points noted in the medical transactions are the fact that a certain number of cases were contracted on troopships which had been constantly conveying troops, many of whom had recently suffered from enteric fever, to and from South Africa; and the fact that the disease was introduced into some stations by Boer prisoners of war who were brought to India while suffering from the disease. At Colaba the medical officer was certain that three cases were contracted on the troopships "*Tagus*," "*Sicilia*," and "*Montrose*," respectively, and he attributes a small outbreak which subsequently occurred to the introduction of the disease by the first of the above cases. At Madras the medical officer states that the disease was imported into the fort by Boer prisoners of war in March, four cases being admitted into hospital from the transport direct, and a fifth a fortnight later. An increase in the number of cases occurring among troops in the fort followed the admission of these cases. At the Boer camp at Kakool the introduction of the disease from South Africa by the Boer prisoners of war is also given as the reason for the origin of the cases among the troops, and at Wellington most of the cases occurred among men quartered in Kaiti camp as a guard over the Boer prisoners, among whom the disease was very prevalent. As usual, many cases originated elsewhere than in the stations in which they were treated, and the medical officers at nearly all the hill stations state that some of the cases were contracted at halting places or camping grounds on the road up. At Barrackpore, Allahabad Fort, and Mooltan the medical officers note that in one or more cases the disease must have originated during the journey by rail from other stations. At Lucknow one battery of artillery escaped entirely. Out of the 54 men attacked at this station 19 had been only one year in India and 7 only one month. At Poona the disease was much more prevalent among the 1st King's Shropshire Light Infantry, and 11 lbs. of rancid butter, part of a daily consignment received from Bombay was found in the dairy of this regiment at the time the disease was most prevalent. At Quetta half the cases occurred among the men of the Royal Garrison Artillery, especially among the companies in camp, and the medical officer states that the cause during 1902 did not seem to be in Quetta itself. At Bellary all the cases occurred among the men of the East Yorkshire Regiment which had recently arrived from South Africa. At most stations the disease was not confined to



the men in any particular barrack room, but at Colaba, Agra, and Chaubuttia the occurrence of cases from the same barrack room, closely following one another, was noted. In many cases the probable source was thought to be impure food or drink partaken of in bazaars, and the medical officer at Umballa, in noting the simultaneous prevalence of venereal disease and enteric fever in particular units, suggests the possibility of the latter disease being contracted at the time and place of exposure to the former. At Pachmarhi and at Quetta it is noted that the disease was prevalent among the inhabitants of the bazaar, and at Poona the nearness of the bazaar (100 paces from one of the barracks) is mentioned as a contributory cause. At several stations flies are said to have probably conveyed the infective agent from latrines to food, and the nearness of latrines to kitchens and the carelessness of natives in leaving the gauze doors of kitchens constantly open, are mentioned as contributing to the chance of this. At Jutogh a latrine was situated within 20 feet of the kitchen and after its removal no more cases occurred. Duststorms are said to have been the possible carriers of infective material from the filth trenches at Nasirabad and Rawalpindi. The practice of storing water after it has been boiled, in wide-mouthed earthenware *chatties* where it is liable to contamination from dust, from the men's hands, or from animals is mentioned by several medical officers as a probable cause of many cases; and at Kirkee where this practice obtains, the *B. coli* was isolated from the previously boiled water. At several stations it is stated that cases were produced by drinking infected water from irrigation canals while the men were on manœuvres or in camp. The water-supplies of Madras, Mhow, Kamptee, Wellington, Mandalay, Ahmednagar, Meiktila and Umballa are specially mentioned, among others, as liable to contamination. In most stations, however, the water is boiled and treated with permanganate of potassium. Great care is apparently taken in the preparation of aerated waters and Pasteur filters are in use at many stations. At Ahmednagar, however, it is reported that the water is first boiled and permanganated, and afterwards passed through the Pasteur-Chamberland filter—a proceeding which might with advantage be reversed. Two cases at Agra were attributed to men drinking lemonade purchased in the bazaar. Milk purchased from hawkers or in bazaars was suspected as the source of cases in several stations, and although increasing attention seems to have been directed to the subject of dairy management, in a good many stations much remains to be done. The dairy building at Poona was reported to be in every way unsuitable, and the cattle lines were very foul from prolonged use. At Ahmednagar it is stated that although all the milk is boiled, the contractor, in order to save trouble, is allowed to take it to his own house in the bazaar to boil. At Lucknow there was a difficulty in getting milk from the Government dairy farm owing to many of the cows having been sent away temporarily, and in consequence milk was often purchased from bazaar hawkers. The great decrease in the prevalence of enteric fever at Agra is attributed to the improvement in the municipal water-works, to the stream of the Jumna having been regulated and made to flow at a distance from villages which formerly were a source of pollution, and to the establishment of a Government dairy farm in 1899. At Bareilly the *dhobi's* washing *ghat* was moved to a site higher up the river, the water was boiled, and one of the regiments was moved into camp; but the medical officer is unable to say which of these measures, if any, caused the cessation of the epidemic. The decrease at Secunderabad was attributed to the small number of young soldiers, but the Middlesex Regiment which had most young soldiers,



suffered least, perhaps because they employ no native cooks and because milk is not allowed to be hawked about for sale in the lines. The fact that no cases were returned as enteric fever unless they gave the Widal reaction, is assigned as a reason for the decrease in the number of cases at Mhow, and some other stations. At Mhow, although for this reason the number of admissions was about half that of the previous year, the death-rate was nearly double, and the medical officer considers that in 1901 a number of cases were wrongly diagnosed as enteric fever, the small percentage of deaths and the monthly distribution pointing to this. At least twenty-two stations were without any case of enteric fever, and Lebong has been immune from enteric fever, locally contracted, for four years in succession. Nowgong has also been free, except for imported cases, for two years. In at least five stations patients developed enteric fever while in hospital under treatment for syphilis. In a fatal case of enteric fever at Jhansi tubercular cavities were found in both lungs *post mortem*. A case returned as simple continued fever at Mhow convalesced, after 8 days' fever but after 12 days' normal temperature he had a recurrence of fever and died 4 days later. At the *post mortem* examination typical ulceration and enlargement of Peyer's patches was found. At Quetta a man who was admitted for tapeworms suddenly became collapsed after passing a large number of the worms, and died four days after admission. At the *post mortem* examination typical enteric lesions were found in the small intestine.

11. In the course of his examinations of water from a proposed new source of supply at UMBALLA Major Weir, R.A.M.C., found in June 1902 that the water of the new trial well at Beebyal was excessively turbid and showed signs of pollution both on chemical and bacteriological examination. The pollution however was due to causes which could be remedied, and in September 1902, when the well had been sunk to a depth of over 50 feet, the water was reported as satisfactory both in quality and quantity.

It was proposed to supply the cantonment of ABBOTTABAD by means of a main from a spring near the village of Kakool six miles from the station. The result of the chemical and bacteriological examinations of the water of the spring were satisfactory, but it was recommended that some fields above the spring should be put out of cultivation, and that the spring should be protected by a masonry cover. At the time of Major Weir's visit the spring was being used as a source of supply for a camp of Boer prisoners of war and their guards, and part of the pipe from the spring to the camp was laid in a surface drain into which the drainage from the village of Kakool flowed. The *B. coli* was found in the water of the pipe but not in that of the spring, and it was therefore recommended that the main for the new supply for Abbottabad should be properly laid so as to avoid the objectionable bed in which it then lay.

The water from a trial well on the site of the proposed new source of supply for the cantonment of NOWSHERA was satisfactory, but Major Weir found that on the site finally chosen some graves had been recently made. It was therefore recommended that the graves should be removed and the ground properly policed in order to prevent further burials there, and that several tube wells should be sunk on the site to allow of chemical and bacteriological examinations of the water being made before a definite opinion was given as to the suitability of the site.

In July 1902 examination of the well which had been previously recommended for the supply of water to the troops in FORT FERROZEPOR showed that



the water was better than before, but that the well had not been sufficiently cleaned. Major Weir recommended that after thorough cleaning of the well the water in it should be thoroughly mixed with milk of lime and pumped out once every 3 months. A later analysis showed that the well was yielding a very pure water.

The results of the examination of a trial well at SIALKOT were unsatisfactory. The surroundings of the well had never been cleaned after the work of excavation was completed, and the steining of the well was flush with the level of the ground, so that surface pollution could readily take place.

The examination of the spring from which it was proposed to increase the water-supply of MURREE showed that it was an excellent water and that of the South Spring, JUTOGH, was also satisfactory.

Major Aldridge, R.A.M.C., reported that about 500 feet above the intake of the LUCKNOW water-supply, a nullah, 15 miles long, discharged into the river, at times of high rainfall, a considerable volume of water highly polluted with human excreta. Major Forrest, R.A.M.C., had previously found the *B. coli* in the water of this nullah. The question of extending the intake pipe to a safe distance above the nullah was referred to the local Government and will be settled without delay.

Major Elliott, R.A.M.C., reported that the water-supply of COLABA was as a rule satisfactory, but that occasionally the supply of filtered water failed, and unfiltered water had to be turned on into the mains to supplement the filtered supply.

The water-supply of NEEMUCH was found by Major Elliott to be inadequate and liable to contamination in various ways.

The water-supply of NASIRABAD was also found to be defective. The water from one of the wells was carried to cantonments in Macnamara receptacles on country bullock carts. Major Elliott found that the stopcock for the removal of water from these receptacles was not used, but that the usual mode of emptying them was by means of a hole placed in the centre of the bottom, this hole being closed by a wooden plug covered with a piece of rag.

At a visit to the Baircha reservoirs at MHOW Major Elliott and Major McGill found that no supervision was exercised over the natives at work there to prevent them using the bed of the reservoir as a latrine. Pleasure parties of natives were also inside the boundary and some officers were swimming a dog in the water.

In an examination of the proposed new sources of water-supply for SECUNDERABAD Major Melville, R.A.M.C., isolated the *B. coli* on two occasions from the unfiltered water of the Hoosain-Saugor tank. Major Melville also reported unfavourably on the present method of boiling water for troops. After being boiled and cooled in an iron caldron he found that it was usual for the water-carriers to remove the water from the caldron by dipping into it buckets which had stood on dirty ground.

Major Weir found that four samples of water taken from CAMPS between PATHANKOTE AND DALHOUSIE all showed marked evidence of pollution.

A favourable report of the treatment of wells with PERMANGANATE OF POTASSIUM was given by Major Weir. He found that after such treatment a very large reduction in the number of germs present *per c.c.* took place.

Reports on the disinfecting power of LIME AND DRY EARTH ON ENTERIC EXCRETA were furnished by the sanitary officers of all the commands, and the general conclusion was arrived at that a mixture of lime and dry earth *as used in India* is of little practical value for the purpose of disinfecting typhoid



excreta. The chief reasons of this are that the lime usually procurable is very defective, consisting largely of chalk; and that it is extremely difficult to secure a thorough mixing of the lime and dry earth with the excreta.

Major Weir found that 70 *per cent.* of the ordinary pattern and 25 *per cent.* of the Hankin pattern of PASTEUR-CHAMBERLAND FILTERS at Peshawar pass germs freely. Major Aldridge also made frequent examination of these filters in the installation at Dinapore and found that the average reduction of the number of organisms in the filtrate as compared with the original water was 32 *per cent.* At almost every inspection leakage was found to be going on and on one occasion the filtered water contained a larger number of organisms than the unfiltered.

At LUCKNOW Major Aldridge found that the premises of the dairymen and buttermen in the *sadar* bazaar were very unsatisfactory. All were used as dwelling rooms and in one house a large collection of cow-dung was found in a room with milk cans, stored butter, etc., and a foul open drain ran within a few feet of where butter was being churned. Major Weir also reported unfavourably on the dairy arrangements at COLABA and on the milk supply at Sassoon Dock.

Major Elliott submitted a report on ENTERIC FEVER AT KIRKEE in which he arrived at the conclusion that the prevalence of the disease was to be ascribed chiefly to the dirty condition of the barrack cook-houses, and to the fact that water after being boiled is stored in wide-mouthed *chatties* exposed to contamination from dust, dirty drinking cups, hands, etc. The cooking was done by natives, who were found to be very dirty and not to have been properly supervised. Flies swarmed in the cook-houses, articles of food were stored anywhere, the baskets for carrying cooked food to the barracks were filthy, and latrine sweepers were found in the cook-houses.

Tests for the presence of the enteric bacillus and its allies were carried out by Mr. Hankin on 97 specimens of water, and for the microbe of cholera on 71 specimens, in all cases with negative results.

12. There was an increase in the admission rate on account of enteric fever during 1902 as compared both with 1901 and 1900. With the exception of these two years, however, the admission rate is the lowest recorded since 1888. The death-rate in 1902 was also higher than in 1901 but slightly lower than in 1900.

There were 1,012 admissions and 260 deaths from this disease during 1902 as compared with 776 admissions and 202 deaths in 1901. The average duration of a case during 1902 was about 55 days and the average number constantly sick 151·41; so that the total annual loss of service due to sickness from enteric fever alone amounted to about 55,264 days.

13. The highest admission rates during 1902 were recorded among the troops in groups VI, XIIa, V, XIIb, IX, and VIII, and from all these groups except group VIII higher admission rates were returned than from the same groups in 1901. The admission rates returned from all the groups except group XIIb were, however, lower than their decennial means. Eight stations of group VI and seven of group XIIa returned admission rates of over 20 *per mille*.

14. Among the stations at which the average annual strength was over 100, those at which the highest admission rates during 1902 were recorded were Kakool, Kirkee,

Enteric fever in 1902. Appen-  
dices A, B, and G. Table IV.

Enteric fever in the geographical  
groups. Appendix B. Table VIII.

Enteric fever in stations. Appen-  
dix C. Tables III and IV.



Nasirabad, and Umballa; and those at which the highest death-rates were recorded were Kakool, Attock, Nasirabad, Roorkee, and Jubbulpore. Twenty-nine stations returned admission rates of over 20 per 1,000 as compared with 15 under the same heading during 1901. Of these stations Shahjahanpur, Bareilly, Roorkee, Meerut, Umballa, Fort Lahore, Siálkot and Attock were in group VI; and Ranikhet, Bhim Tal, Chaubuttia, Lower Topa, Kakool, Cherat and Quetta were in group XIIa. Some information about most of these stations will be found in paragraphs 10 and 11 above.

15. In 1902, as in 1901, the greatest liability to suffer and die from enteric fever was between the ages of 20 and 25, and during the first year of Indian service. In 1901 the incidence of the disease had been less than in 1900 at all age periods except the last, and in all service periods except the first; but in 1902 it was greater at all age periods except the first and the fourth, and in all service periods except the third and the fifth. In 1902 the liability of men under one year's service to fall sick from enteric fever was at least twice as great as in any other period of service.

16. Among the whole European army in India during 1902 there were recorded only 4 admissions on account of plague with one death, as compared with two admissions and one death recorded during 1901. Three admissions with one death were returned at Umballa and one admission at Belgam. No officers, women or children were attacked during 1902. A single case of cerebrospinal fever which recovered occurred at Indore. The widespread prevalence of this disease among natives is mentioned in subsequent sections of this report. There were 76 admissions on account of measles, the largest number being recorded at Rawalpindi. Relapsing fever caused one admission at Poona. Out of the 39 admissions returned as beri-beri, 35, with two deaths, were recorded in Burma. Rangoon returned 9 admissions with one death. Thayetmyo 6 admissions, Mandalay 9 admissions, and Shwebo 11 admissions with one death. Four of the men admitted for this disease at Rangoon were sergeants, three of them belonging to the same regiment. All the men admitted were said to be free drinkers. In all the cases at Thayetmyo except one the symptoms were those of peripheral neuritis. The medical officer at Shwebo says that none of the cases were contracted locally. All the men who suffered were beer drinkers. Eleven samples of beer were sent for examination but no arsenic was found in any. There were 298 cases of dengue as compared with no case during the previous year. All except three of these cases occurred in the Madras Command, Thayetmyo returning 123 cases, Rangoon 84 and Mandalay 36. The epidemic at Rangoon lasted from March to the end of July and the disease was thought to have been imported from Hong Kong by the Chinese. At Thayetmyo the epidemic prevailed from May to September, and at Mandalay during July and August. The disease in all stations was highly contagious, but mild in character and caused no deaths. Captain Pridmore, Indian Medical Service,<sup>1</sup> has published an account of the disease as it appeared in Burma, in which he states that the Burma epidemic probably had its origin in a similar epidemic at Hong Kong previously described by Stedman,<sup>2</sup> and that the spread of the disease in Burma followed the important trade route. Graham<sup>3</sup> has attempted to show that dengue is communicated from the sick to the healthy through the agency of mosquitoes (*C. fatigans*).



17. The admission rate on account of tubercle of the lungs was the same during 1902 as during 1901, but the death-rate was slightly higher. For the quinquennium the mortality of the European troops as well as of the native, from tubercle of the lungs was highest in the Bengal Command. During 1902, however, the highest mortality among European troops from this cause was recorded in the Bombay Command. The death-rates of European troops, of native troops, and of prisoners during the year 1902 were in the proportions of 10, 14, and 75.

18. The admission and death-rates on account of pneumonia were higher than in 1901 both being also higher than the decennial ratios. The troops in the Upper Sub-Himalaya Group (VI) had the highest admission rate for this disease. The months of maximum prevalence were January and February and the months of least prevalence June, July and August. Among stations the highest admission rate was recorded at Campbellpur and the highest death-rate at Landour.

With the exception of those in the Hill Convalescent Depôts, the troops in the Bengal-Orissa group had the highest admission rate on account of other respiratory diseases during 1902. The stations with the highest admission rates were Sitabaldi, Pallavaram, Poonamallee, Muttra, Dagshai, and Barrackpore. In all the above stations the admission rate was over 60 per 1,000.

19 Both the admission rate and the death rate on account of dysentery were lower than those of 1901. The disease was, as usual, most prevalent among troops in the Bengal-Orissa group, and also as regards the commands it was more prevalent and fatal among troops in the Bengal Command. The month of maximum prevalence of the disease as regards all the European troops in India and as regards the troops in the Bengal and Bombay Commands was August, but for the troops in the Punjab Command the maximum month was May and for those in the Madras Command, June. The highest admission and death-rates were recorded at Barrackpore, (236.2 and 11.66 *per mille* respectively); the next highest admission rate being recorded at Poonamallee (98.6 *per mille*). The medical officer at Barrackpore states that he cannot explain how it is that the men suffer to such an extent from dysentery while officers and civilians are immune. He attributes the men's liability to the disease chiefly to their careless habits, such as omitting to put on warm clothing after sunset or after taking violent exercise, excessive drinking, etc. He regards the disease as contagious, and gives the following instance. While nursing a woman whose husband had dysentery a soldier's wife contracted the disease; after she returned to her own quarters her husband and two children were attacked.

Some of the researches that have been recently made into the etiology of dysentery are noticed in section IV of this report.

The admission rate on account of diarrhoea was lower than in 1901, but the death-rate was slightly higher. The admission rates among troops in the different groups varied between 23.4 *per mille* in the Hill Stations group and 3.1 in the Western Coast group. Among stations the highest ratios were recorded at Chaubuttia, Sitabaldi, Lebong and Dagshai.

20. Both the admission and the death rate on account of abscess of the liver were higher than in the previous year, the highest admission and death rates being returned



from the Bengal Command and the Bengal-Orissa group. Among stations, Barrackpore and Naini Tal returned the highest admission and death rates from this cause. At Barrackpore there were 18 admissions with 10 deaths during 1902, as compared with 11 admissions with 5 deaths during 1901. Of the 18 cases, 9 were attributed to dysentery and 7 out of the 9 died. For the remaining 9 cases, of which 3 died, no cause could be assigned. The medical officer states that most of the men who died from abscess of the liver were said to be heavy drinkers. The type of dysentery prevailing at Barrackpore is said to be the "amœbic." Of the 6 cases at Naini Tal, 5 were associated with dysentery. At the *post mortem* examination of one of the fatal cases tubercular cavities were found in the apices of both lungs. Other stations with moderately high admission and death rates from abscess of the liver were Dum Dum, Fategarh, Lebong, Darjeeling, Landour, Murree and Deolali. At Subathu a fatal case occurred in a man convalescent from enteric fever. At the *post mortem* examination multiple abscesses were found. At several stations cases were, as usual, returned and treated for some time as cases of remittent fever, tubercle of the lungs, or some other disease, and in a few instances the true disease was only discovered at the *post mortem* examination. According to Vaillard and Dopter<sup>1</sup> it is essentially the amœbic form of dysentery which is associated with abscess of the liver, the bacillary form never giving rise to this disease. Captain L. Rogers, Indian Medical Service,<sup>2</sup> has also published further researches tending to show that the large tropical abscess is almost invariably associated with the amœbic form of dysentery. He considers that this form of dysentery has naked eye and microscopical characters which enable it to be easily distinguished from the more common bacillary type of the disease. Ranzi<sup>3</sup> has reported a case of liver abscess due to Friedländer's bacillus, and Arnott<sup>4</sup> a case of liver abscess in a child aged 2½ years.

21. There were 11 deaths from alcoholism during 1902 giving a ratio of .18 Alcoholism. Tables XVI and per 1,000 of strength, both figures being the same LIII. as in the previous year. The yearly average number of deaths in the decennium 1891-1900 was 7 ; so that the figures of the last two years have been above the average.

22. Among all the European troops in India during 1902 the total admission Venereal diseases (5). Tables III rate on account of venereal diseases was 281.4 per and IV. 1,000, as compared with 276.0 per 1,000, for the previous year, and 298.1 per 1,000 for 1900. In other words, among every 1,000 men in India during 1902 there were five more admissions to hospital for venereal disease than among the same number of men in 1901. The steady yearly decrease in the admission rate for venereal diseases, which commenced with the year 1896, has therefore been interrupted by a slight increase in 1902. From the reports of medical officers it appears that this increase is to be attributed chiefly to the arrival of a number of regiments or drafts of regiments from field service in South Africa. Some of these regiments and drafts brought the disease with them, and in addition it is mentioned by some medical officers that the hope that men recently returned from field service would be well provided with money, attracted more women from surrounding villages into the stations. Other causes were believed to be : the large number of cases contracted in regiments while marching between stations *en route* to Delhi and to the hills ; the recent arrival of regiments at stations ; the absence of cantonment hospitals in some stations ; and the fact that in several stations diseased women refused to attend at the cantonment hospital for treatment.



During 1902 there were 1,430·84 men constantly sick in hospital on account of venereal disease as compared with 1,416·04 during 1901. The average period during which a case remained in hospital was 30·66 days, as compared with a period of 30·79 days in 1901; and the total loss of service by the European troops on account of venereal disease alone was about 522,257 days, as compared with 516,855 days in the previous year. The loss of service by detention in hospital on account of venereal disease was nearly nine and a half times as much as on account of enteric fever.

There were 15 deaths (*·25 per mille* of strength) and 310 invalidings (*5·12 per mille* of strength) directly due to venereal disease during 1902, as compared with 8 deaths (*·13 per mille* of strength) and 383 invalidings (*6·30 per mille* of strength) during 1901.

The stations at which the admission rate was over 500 *per mille* of strength were Cannanore, Fort Fulta (strength only 24), Muttra (strength only 29), Taragarh (strength only 42), Calcutta and Fyzabad. All these stations had higher admission rates than in 1901. The stations at which the greatest increase in the admission rate, as compared with the previous year, occurred were Cannanore, Fort Fulta, Fyzabad, Lower Topa, Mount Abu, Pallavaram, and Muttra. At all the above stations the increase was more than 200 *per mille* of strength. An increase in the admission rate of over 150 *per mille* of strength occurred at Sitabaldi, Kamptee, Taragarh, Ahmedabad and Jutogh. The increase at Cannanore was attributed by the medical officer to the fact that there is no restriction with regard to prostitution at this station, and no cantonment hospital where diseased women can be treated; at Calcutta to the large number of cases of gonorrhœa that occurred in a regiment which arrived from Rangoon in December; at Fyzabad to the arrival of a new regiment in the station, to the arrival of drafts from South Africa, and to the absence of certain regimental customs in the new regiment which seemed to keep the previous regiment more free from venereal disease.

There was a large increase in the admission rate of troops in the Bengal Command, and a small increase in that of troops in the Bombay Command. In the Punjab and Madras Commands the admission rates were less than in the previous year.

In 11 stations the admission rate on account of primary syphilis and soft chancre taken together was over 200 *per* 1,000 of strength, as compared with 5 stations under the same heading last year. Among these stations those having the highest admission rates were Cannanore, Lower Topa, Nowgong, Kamptee, and Muttra. In 15 other stations the admission rate on account of these two diseases taken together was over 150 *per* 1,000 of strength. In 14 stations, as compared with 13 last year, the admission rate from secondary syphilis was over 100 *per* 1,000 of strength, the highest admission rates being those of Poonamallee, Mount Abu, Kalabagh, Khyragully and Taragarh (strength 42); and in 8 other stations it was over 75 *per* 1,000.

For the European troops in the whole of India the admission rate on account of primary syphilis and soft chancre taken together increased by 9·3 *per mille* of strength; that of secondary syphilis diminished by 8·4, while that of gonorrhœa increased by 4·5 *per mille* of strength. The Bengal Command had the highest admission rate for gonorrhœa, and the Madras Command for primary syphilis and soft chancre taken together, and also, as usual, for secondary syphilis.



As in previous years the difficulty felt by medical officers as to whether doubtful sores should be returned as soft chancre or as primary syphilis was again referred to by some medical officers in 1902, and the routine practice as to the return of such cases doubtless varies with different medical officers. For this reason primary syphilis and soft chancre are here considered together, though they are shown separately in the tables. Cases returned as non-venereal buboes are usually ascribed to strains, or injuries, but it seems certain that buboes do occur which are neither traumatic nor venereal. Caddy<sup>1</sup> has expressed the opinion that in the so-called climatic bubo we have an adenitis occurring in persons debilitated by tropical influences, and that the exciting cause is the entrance of the ordinary microbes of suppuration into the lymphatic system through a trifling lesion of the skin. Zur Verth<sup>2</sup> is also of opinion that such buboes are due to the entrance of the bacteria of common pus by unnoticed injuries such as insect bites.

23. The death-rate from heatstroke was higher than in the previous year, all the commands sharing in the increase. The highest increase occurred in the death-rate of troops in the Punjab Command. Nowgong, Attock, Meean Meer and Lower Topa returned the highest admission ratios, and Meean Meer, Rawalpindi, Mooltan and Kamptee the largest number of admissions. Lower Topa, Fort Lahore and Kamptee recorded the highest death-rates, and Rawalpindi, Kamptee, and Agra the largest number of deaths.

24. The average number of suicides *per annum* for the 10 years 1891-1900 was 19. In 1902 there were 16, of which 7 were by gunshot, 3 by cut-throat, 2 by drowning, 2 by poison, 1 by jumping from a height, and 1 by placing himself in front of a train.

25. In the whole European army of India 2,255 men were invalided during 1902 (37·25 *per mille* of strength) as compared with 2,393 (39·33 *per mille*) during the previous year. The proportion of invalids to strength was lowest in the Punjab and highest in Bombay. There was a reduction of invaliding ratios in all the commands except Bombay. The percentage of men invalided while under 25 years of age to the whole number invalided was 35 as compared with 42 in 1901, and of those under 30 years of age 83 as compared with 88. Of the total number of men invalided 17 *per cent.* (as compared with 14 *per cent.* in 1901) were of less than two years' service and 48 *per cent.* (as compared with 60 *per cent.* in 1901) were of less than 5 years' service.\*

26. The chief cause of admission among officers was ague; and while the admission rates on account of enteric fever, pneumonia, dysentery, and ague rose, those on account of simple continued fever, hepatic affections, venereal diseases, influenza, remittent fever and respiratory diseases other than pneumonia, fell. The chief cause of death was enteric fever, and the rate was higher than in 1901. The death-rate from dysentery was also increased. The admission ratios on account of diarrhœa, fevers except ague, influenza, hepatic affections, dysentery and small-pox were higher than among the men as were also the death-rates from fevers, dysentery, and circulatory diseases. In the great majority of stations nothing is

\* The percentage strengths at these ages and periods of service will be found in Table XV.

said by medical officers as to the causation of enteric fever cases occurring among officers, and in most of the remainder the medical officers state that the origin could not be traced. In the case of the officer who died at Jullundur the blood was twice tested for Widal's reaction with a negative result, though in all the cases occurring among the men a positive reaction had been obtained. One of the cases at Kasauli was first diagnosed by the serum test as Malta fever.

27. The health of the women was not so good as in 1901. The chief causes of admission into hospital were debility, ague, and the diseases peculiar to women. Debility caused 40 *per cent.* of the total admissions, and ague 18 *per cent.* The chief causes of death among women were child-birth and abortion which caused 24 *per cent.* and enteric fever and remittent fever which each caused 13 *per cent.* of the total deaths.

28. The health of the children also was not so good as in 1901. The chief causes of admission were ague, respiratory diseases and measles. Among diseases with increased ratios were measles, eye diseases, ague, dysentery, simple continued fever and tubercular diseases. Ague caused about 22 *per cent.* and respiratory diseases 11 *per cent.* of the total admissions. The chief cause of death was diarrhoea. The death-rates of all the diseases in the table showing causes of death, except teething, dysentery, cholera and small-pox were increased as compared with 1901. Diarrhoea caused about 20 *per cent.* of the total deaths and anæmia, debility, and immaturity at birth, 16 *per cent.* Out of the 200 admissions for measles the highest number, *viz.*, 61 was recorded at Rawalpindi. Wellington returned the highest number of admissions from chickenpox, and Rangoon the highest number from dengue. Two out of the five children who died from tubercle were below 18 months of age and three were between 2 and 5 years.

The liability to death was greatest under 6 months, the high death-rate for this period being, as usual, to a considerable degree due to cases of immaturity at birth.



## Papers and Books referred to in Section II.

### Abbreviations used below.

- S.C.I.=Annual Report of the Sanitary Commissioner with the Government of India.  
 L.=Lancet.  
 B.M.J.=British Medical Journal.  
 J.T.M.=Journal of Tropical Medicine.  
 J.H.=Journal of Hygiene.  
 J.P.B.=Journal of Pathology and Bacteriology.  
 N.=Nature.  
 I. M. G.=Indian Medical Gazette.  
 B. J. H. H.=Bulletin of the Johns Hopkins Hospital.  
 L. G. B.=Report of Medical Officer, Local Government Board.  
 Z. H.=Zeitschrift für Hygiene.  
 A. H.=Archiv für Hygiene.  
 C. B.=Centralblatt für Bakteriologie.  
 H. R.=Hygienische Rundschau.  
 A. K. G. A.=Arbeiten aus dem Kaiserlichen Gesundheitsamte.  
 D. M. W.=Deutsche Medicinische Wochenschrift.  
 M. M. W.=Münchener Medicinische Wochenschrift.  
 B. I. P.=Bulletin de l'Institut Pasteur.  
 A. P.=Annales de l'Institut Pasteur.  
 J. P. P. G.=Journal de Physiologie et de Pathologie Générale.
- (1) <sup>1</sup>Washbourn and Eyrein B. M. J. of 20th December 1902, page 1896; <sup>2</sup>Jochmann and Moltrecht in C. B. XXXIV, page 15; <sup>3</sup>Jochmann and Krause reported in B. I. P. 1. page 451;
- (2) *Water. Bacillary diagnosis. Milk. Butter.* <sup>1</sup>Tavel in C. B. XXXIII, page 166; <sup>2</sup>Springfeld reported in B. M. J. of 2nd May 1903, page 1044; <sup>3</sup>Gärtner, *Die Quellen in ihren Beziehungen zum Grundwasser und zum Typhus*. Klinisches Jahrbuch Bd. ix pages 335--498, reviewed in D. M. W. XXIX, No. 33 Literatur-Beilage, page 195; <sup>4</sup>Tavel as above; <sup>5</sup>Busquet reported in B. M. J. of January 10th, 1903, page 97; <sup>6</sup>Koch in *Die Bekämpfung des Typhus*, page 13; <sup>7</sup>Bonhoff in C. B. XXXIII, page 461; <sup>8</sup>Reichenbach in H. R. XIII, page 433; <sup>9</sup>Tavel as above; <sup>10</sup>Neufeld in Kolle and Wassermann's *Handbuch der pathogenen Mikro-organismen*, page 284; <sup>11,12</sup>Bonhoff as above; <sup>13</sup>Neufeld as above, page 300; <sup>14</sup>Tavel as above; <sup>15</sup>Busquet reported as above; <sup>16,17</sup>Rodet and Lagriffoul in J. P. P. G. IV, page 1071; <sup>18</sup>Burnet in B. I. P. 1. page 444; <sup>19</sup>Bienstock in H. R. XIII, page 105; <sup>20</sup>Simpson in J. T. M. of May 15th, 1903, page 159; <sup>21</sup>Neufeld as above, page 244-245; <sup>22</sup>Chantemesse in *Bulletin de l'Académie de médecine*, XLVIII, page 87; reported in J. P. P. G. IV, page 1189; <sup>23</sup>Schepilewsky in C. B. XXXIII, page 394; <sup>24</sup>Altschüler in C. B. XXXIII, page 741; <sup>25</sup>Hergemann in C. B. XXXIII, page 743; <sup>26</sup>Schüder in Z. H. XLII, 2, page 317; <sup>27</sup>Cambier, reported in H. R. XIII, page 76; <sup>28</sup>Purefoy, Fitz Gerald and Dreyer reported in J. P. P. G. IV, page 1187; <sup>29</sup>Roth in H. R. XIII, page 489; <sup>30</sup>Omeliński in C. B. XXXIV, page 1; <sup>31</sup>Koch as above, page 10; <sup>32</sup>Neufeld as above, pages 226 and 227; <sup>33</sup>Simpson as above; <sup>34</sup>Neufeld as above, page 289; <sup>35</sup>Savage in J. H. 3, page 388; <sup>36</sup>Klein in B. M. J. of February 21st, 1903, page 419; <sup>37</sup>Winslow and Hannewell reported in B. I. P. 1, page 129; <sup>38</sup>Jordan in J. H. 3, page 1; <sup>39</sup>Proskauer and Schüder in Z. H. XLII, page 293; <sup>40</sup>Vaillard, reported in B. I. P. 1, page 46; <sup>41</sup>Neufeld as above, page 303; <sup>42</sup>Schüder in Z. H. XXXVIII, page 343; quoted by Neufeld as above, page 304; <sup>43</sup>Bruck in D. M. W. XXIX, page 460.

*Soil, Dust, Flies, Clothes.* <sup>1</sup>Neufeld as above, page 305; <sup>2</sup>Poore quoted in N. 67 page 75; <sup>3</sup>Koch in *Die Bekämpfung des Typhus*, page 14; <sup>4</sup>, <sup>5</sup>Fülles Remlinger and Schneider, quoted by Neufeld as above, page 290; <sup>6</sup>Rullmann quoted by Neufeld as above, page 305; <sup>7</sup>Lösener in A. K. G. A. XII, page 448; <sup>8</sup>Koch as above, pages 13 and 14; <sup>9</sup>Neufeld as above, page 306; <sup>10</sup>Pfuhl quoted by Neufeld as above, page 306; <sup>11</sup>Ormerod in J. T.M. of 16th February 1903, page 55; <sup>12</sup>Firth and Horrocks reported in B. M. J. of 27th September 1902, page 941; <sup>13</sup>Schmidt and Weis, *Die Bakterien*, page 150; <sup>14</sup>Ficker in A. H. XLVI, pages 274-283; <sup>15</sup>Hamilton reported in B. M. J. of March 28th, 1903, epitome page 49; <sup>16</sup>Nash reported in L. of May 2nd 1903, page 1236; <sup>17</sup>Dudfield reported in B. M. J. of February 21st, 1903, page 459; <sup>18</sup>Welch reported in B. M. J. of August 1st, 1903, epitome page 17; <sup>19</sup>Turner reported in L. of 19th December 1903, <sup>20</sup>Editorial in B. M. J. of 30th May 1903, page 1274; see also pages 856, 1281, 1346, 1395, 1453 of the same journal and pages 1532 and 1542 of L. 1903; <sup>21</sup>S. C. I. 1901, page 13; <sup>22</sup>Garvin reported in B. M. J. of 11th April 1903, page 855.

*Direct infection.* <sup>1</sup>Neufeld as above, page 296; <sup>2</sup>Koch as above, page 17; <sup>3</sup>Musehold reported in H. R. XIII, page 498; <sup>4</sup>Reported in H. R. XIII, page 370; <sup>5</sup>Millard, reported in B. M. J. of 4th April 1903, page 821; <sup>6</sup>Hill and <sup>7</sup>Niven quoted by Horton-Smith in L. of April 11th, 1903, page 1026; <sup>8</sup>Horton-Smith in L. of April 11th, 1903, page 1026; <sup>9</sup>Bulstrode in L. G. B. reported in L. of 13th December 1902, page 1654; <sup>10</sup>Welch as above; <sup>11</sup>Garvin as above; <sup>12</sup>Neufeld as above, page 296.

*Blood, Urine, Fæces, Sputum.* <sup>1</sup>Neufeld as above, page 249; <sup>2</sup>Castellani quoted by Neufeld as above, page 249; also in C. B. XXXI, page 477, reported in H. R. XIII, page 230; <sup>3</sup>Schottmüller in Z. H. XXXVI, page 368; also see B. M. J. of 15th November 1902, epitome page 73; and H. R. XIII, page 728; <sup>4</sup>Auerbach and Unger quoted by Neufeld as above, page 250; <sup>5</sup>Hewlett quoted by Neufeld as above, page 250; <sup>6</sup>Cole in B. J. H. H. of July 1901; Courmont in J. P. P. G. IV, page 155; <sup>8</sup>Troussaint quoted by Courmont and Lesieur as below; <sup>9</sup>Courmont and Lesieur in J. P. P. G. V, page 331; Widai reported in J. P. P. G. V, page 425; <sup>11</sup>Neufeld as above, page 255; <sup>12</sup>Fuchs reported in H. R. XII, page 1106; <sup>13</sup>Richardson reported in B. I. P. 1, page 263; <sup>14</sup>Vincent reported in B. I. P. 1, page 263; <sup>15</sup>Jacobi reported in J. P. P. G. IV, page 1169; <sup>16</sup>Ledingham in B. M. J. of February 14th, 1903, page 368; <sup>17</sup>Goldschmidt reported in D. M. W. XXIX, Literatur Beilage, page 39; <sup>18</sup>Koch as above; <sup>19</sup>Chantemesse reported in B. M. J. of December 20th, 1902, page 1928; <sup>20</sup>Jehle in H. R. XIII, page 231; <sup>21</sup>Glaser in D. M. W. XXVIII, page 793; <sup>22</sup>Welch as above.

*Hardiness, survival, or viability.* <sup>1</sup>Levy and Kayser in C. B. XXXIII, page 489; <sup>2</sup>MacConkey quoted in S. C. I. 1901, page 14; <sup>3</sup>Pfuhl reported in H. R. XIII, page 882; <sup>4</sup>Kurpjuweit in C. B. XXXIII, page 157; <sup>5</sup>Macfadyen reported in B. M. J. of 21st March 1903, page 681.

*Paratyphoid fever.* <sup>1</sup>Gwyn quoted in L. of 28th February 1903, page 602; <sup>2</sup>Achard and Bensaude quoted by Kayser as below; <sup>3</sup>Pratt reported in L. as above; <sup>4</sup>Neufeld as above, page 279; <sup>5</sup>Kayser in D. M. W. XXIX, page 311; <sup>6</sup>Fraenkel in H. R. XIII, page 77; <sup>7</sup>Hume in the *Thompson Yates laboratory reports*, 4, page 385; <sup>8</sup>Hoffmann reported in J. P. P. G. IV, page 1173; <sup>9</sup>Schottmüller quoted by Neufeld as above, page 279; <sup>10</sup>Schottmüller quoted in L. as above; <sup>11</sup>Feyfer and Kayser in M. M. W. 1902, page 41; <sup>12</sup>Conradi, Drigalski and Jürgens in Z. H. XLII, page 141; <sup>13</sup>Kayser as above; <sup>14</sup>Lucksch in C. B. XXXIV, page 113.

*Suppression and Prevention. Inoculation.* <sup>1</sup>Koch in *Die Bekämpfung des Typhus*; <sup>2</sup>Bienstock in H. R. XIII, page 105; <sup>3</sup>Reichenbach in H. R. XIII, page 433; <sup>4</sup>Cooper in L. of 7th March 1903, page 649; <sup>5</sup>Besredka in A. P. XVI, page 918; <sup>6</sup>Macfadyen reported in B. I. P. 1, page 249; <sup>7</sup>Reported in B. M. J. of 8th August 1903, page 345.



- (3) <sup>1</sup>Pridmore in B.M.J. of 15th November 1902, page 1582; <sup>2</sup>Stedman in B.M.J. of July 12th, 1902; <sup>3</sup>Graham in J.T.M. of 1st July 1903, page 209; reported in B. I. P. 1, page 534.
- (4) <sup>1</sup>Vaillard and Dopter in A. P. XVII, page 463; <sup>2</sup>Rogers in B. M. J. of 6th June 1903, page 1315; <sup>3</sup>Ranzi in H.R. XII, page 1219; <sup>4</sup>Arnott in B.M.J. of 24th January 1903, page 189.
- (5) <sup>1</sup>Caddy in I. M. G. July 1902, page 262; <sup>2</sup>Zur Verth reported in B. I. P. 1, page 159.

## SECTION III.

### NATIVE ARMY OF INDIA.

29. The health of the native troops during 1902 was, on the whole, better than during 1901, though there was a slight increase in the total death-rate.

India.  
Appendices L and M. Table XXVI.

The chief causes of admission were ague, dysentery, venereal diseases, and non-pneumonic respiratory diseases. The admission ratios on account of small-pox, enteric fever, simple continued fever, tubercle of the lungs, pneumonia, dysentery, and hepatitis were higher than in the previous year; and those of influenza, cholera, ague, remittent fever, respiratory diseases other than pneumonia, diarrhœa, scurvy, and venereal disease lower. Ague accounted for 38 *per cent.* of the total number of admissions from all causes. The chief causes of death were pneumonia and remittent fever. Among the diseases with increased death-rates as compared with 1901 were pneumonia and circulatory diseases, but the death-rates from cholera, small-pox, enteric fever, ague, remittent fever, and tubercle of the lungs were reduced. Pneumonia accounted for over 33 *per cent.* of the total number of deaths and intermittent and remittent fevers for over 18 *per cent.* The total number invalided for discharge during 1902 was 1,430 as compared with 1,566 during 1901, the chief causes of invaliding being, as usual, debility, ague, venereal disease, and rheumatism.

The health of the China Garrison was better than in the previous year (Tables XXVIII and XXIX), that of the Somaliland Expeditionary Force was fair, and that of the Indian Coronation Contingent to England was good.

If Table XXVI be compared with Table I, it will be seen that the native troops, as usual, suffered less from enteric fever, simple continued fever, diarrhœa, hepatic affections, and venereal diseases; and more from each of the other causes of admission given than the European troops. The native troops also suffered more from scurvy. The comparison may be carried into further detail with the aid of Table LIII.

30. As in 1901 and in 1900 the troops in the Bombay Command were the most unhealthy during 1902. Of the troops in the four commands, those in the Bombay Command had the highest death-rates from ague, bowel-complaints, hepatitis, and debility; those in the Punjab Command from enteric fever, remittent fever, tubercle of the lungs, and respiratory diseases; those in the Madras Command from cholera, small-pox, simple continued fever, and circulatory diseases.

Commands.

Appendix L. Table XXVI.

31. Of the troops in the different groups, those in the Assam group were the most unhealthy during the decennium 1891—1900; but during 1902 those in the Southern India group. The troops in the Burma Coast group during 1902 had the highest admission-rate from simple continued fever and the lowest from diarrhœa; those in the Burma Inland group the highest from non-pneumonic respiratory diseases and the lowest from remittent fever, pneumonia, and scurvy; those in the Assam group the highest from dysentery, diarrhœa, and cholera and the lowest from respiratory diseases other than pneumonia; those in the Bengal-Orissa group the lowest from small-pox and tubercle of the lungs; those in the Gangetic Plain group the lowest from ague; those in the Upper Sub-Himalaya group the lowest from cholera, influenza, and simple continued fever; those in the Indus Valley

Geographical groups.

Appendix M. Table XXVII.



group the highest from pneumonia, remittent fever, and influenza, and the lowest from venereal diseases; those in the Central India group the highest from ague; those in the Western Coast group the highest from hepatitis; those in the Southern India group the highest from small-pox and cholera and the lowest from enteric fever and dysentery; those in the Hills group the highest from tubercle of the lungs.

32. Among the large stations in India with an average annual strength of not less than 1,000, the highest death-rates recorded were in 1902 in Bangalore, chiefly on account of pneumonia and ague; Dera Ismail Khan, chiefly on account of pneumonia and ague; Aurangabad, chiefly on account of pneumonia, ague, and remittent fever; and Meean Meer, chiefly on account of pneumonia and remittent fever. Among the regiments mentioned in the following paragraphs, the most unhealthy were the 28th Punjab Infantry at Waziristan and Delhi, the 17th Rajputs at Wana, the 4th Madras Infantry at Bangalore, the 23rd Pioneers in Waziristan and Meean Meer, the 38th Dogras in the Tochi Valley and Ferozepore, and the 3rd Madras Lancers at Bangalore. All these regiments suffered especially from ague, the 17th Rajputs suffered in addition from dysentery, and the 28th Punjab Infantry from bronchitis.

33. The admission ratio on account of influenza among native troops, as among European troops, was much lower during 1902 than during 1901. The month of maximum prevalence of the disease in 1902, as in 1901, was February. The largest numbers of admissions were recorded among the troops on the Mahsud Blockade and among the troops at Kohat, Bakloh, and Dharmsala. The native troops suffered slightly more than the European troops, but much less than the prisoners.

34. There were 26 cases of cholera with 15 deaths during 1902, as compared with 35 cases with 19 deaths during 1901; and the admission and death-rates were much below the decennial rates. The month of maximum prevalence of the disease was February, but, as in 1901, cases occurred during eight months of the year. The most important outbreak was that of 8 cases at Trichinopoly, all of which occurred among the men of the 1st Moplah Rifles. Six cases with 3 deaths occurred among the men of the 8th Bombay Infantry at Dinapore. All the men attacked contracted the disease outside the station while visiting the Sonapore fair. Two cases occurred among the men of the 21st Punjab Infantry at Tientsin, in which city the disease was very prevalent. Nothing is said by the medical officers regarding the cases occurring in other regiments.

35. There were 75 admissions on account of small-pox with 2 deaths, as compared with 55 admissions with 4 deaths in the previous year, and the admission ratio during 1902 was above that for the decennium. The largest numbers of admissions were 7 at Dera Ismail Khan, 6 at Bangalore, 5 at Baroda, and 5 at Secunderabad. The largest number of cases occurring in one regiment was 5 in the 9th Bombay Infantry at Baroda. All these 5 cases occurred among a batch of recruits who had newly joined the regimental dépôt, one of whom had no marks of either of small-pox or vaccination. Three cases occurred among the men of the 35th Sikhs, one at Nowshera and two at Dera Ismail Khan. All three men bore satisfactory marks of vaccination.



36. Intermittent fever accounted for over 38 *per cent.* of the total number of admissions from all causes among the native army ; but the admission ratio was lowered as compared with that of 1901 by 83·9 *per mille*. The admission-rates returned from nine of the geographical groups were lower, and from three higher than those of the previous year. The most malarious group during 1902 was the South-East Rajputana and Central India group, though the admission-rate recorded among the native troops in this group was lower than in 1901. The greatest increase in the ague admission-rate occurred among the troops in the Burma Coast group. For all the native troops in India the most malarious month was October, and the least malarious March. Of the stations at which the average annual strength was over 100, those at which the admission-rates on account of ague were over 1,000 *per mille* were, in order, Keng Tung, Datta Khel, Deesa, Miran Shah, and Ahmedabad. The greatest numbers of admissions were recorded among the men of the 5th Punjab Infantry and the 12th Bombay Infantry. The 5th Punjab Infantry was stationed in the Tochi Valley where malaria is very prevalent—as a result, in the medical officer's opinion, of the large amount of irrigated rice and maize land in the vicinity. No measures for the destruction of mosquitoes were undertaken ; but during the fever season, which lasted from June till the end of November, a prophylactic dose of 3 grains of quinine was issued to the men three times a week. At Deesa, where the 12th Bombay Infantry was stationed, the months of September, October, and November were said to have been extremely malarious in spite of great efforts having been made to limit the breeding of *anopheles* mosquitoes. Scrupulous attention was paid to keeping all drains and water-courses clean and to prevent water lodging in pools. Fire buckets were regularly emptied out and kerosene oil applied to pools and waste water receptacles. The increase in the prevalence of the disease was attributed chiefly to the close proximity of the Banas river—a small stream flowing in a wide sandy bed in which cultivation is carried on. The edge of the stream is luxuriant with grass and weeds, and small pools of water and irrigation channels are numerous in the cultivated patches, providing very favourable breeding grounds of *anopheles* mosquitoes. The prevalence of ague among the men of the 28th Punjab Infantry at Delhi was attributed to the fact that after the monsoon a large number of pools of stagnant water in which *anopheles* mosquitoes breed freely form along the banks of the river. A prophylactic dose of 5 grains of quinine was issued every other day to the men from the 1st September to the end of October. Major Melville, R.A.M.C., the Sanitary Officer of the Madras Command, was deputed to enquire into the cause of the excessive prevalence of malaria among the men of the 4th Madras Pioneers at Bangalore. He found *anopheles* mosquitoes breeding in large numbers in a “ tank ” near one of the barracks, in the small pools of water on the granite rocks, and in other situations in the lines. He recommended that the lines should be vacated for two or three months, and that measures directed against the mosquitoes in the different breeding places should be carried out. The regiment was accordingly moved into camp on the 22nd of November, but the men having previously suffered so much from malaria little decrease in the number of admissions was noted before the end of the year.

Remittent fever accounted for over 10 *per cent.* of the total number of deaths among the native army during 1902. The disease was most prevalent in April and least so in November, though there was no month during which the number of admissions was less than 98. The admission and death rates during 1902 were lower

Ague, remittent fever, simple continued fever.

Appendices L and M. Tables XXXV, XXXVI, and XXXIV.



than those of the previous year. The disease was most prevalent in the Indus Valley, the Hills, the Assam, and the Upper Sub-Himalaya groups. The greatest numbers of admissions were recorded at Kohat, Edwardesabad, and Dharmsala. Among regiments, those with the highest numbers of admissions for this disease were the 29th Punjab Infantry at Dera Ismail Khan and the 1-1st Gurkhas at Dharmsala.

The largest numbers of admissions on account of simple continued fever were returned from among the men of the 2nd Bombay Lancers at Deesa and the 1st Bombay Lancers at Poona. The medical officer of the former regiment says that the large proportion of cases must be attributed chiefly to fatigue and exposure on the march from Deesa to Loralai.

37. The admission-rate on account of enteric fever during 1902 was double that of 1901, but the death-rate was slightly lower. Enteric fever (1). Appendices L, M, and G. Table XXXIII. Malta fever, Table LIII. Though both the number of admissions recorded, and the admission ratio were slightly higher during 1902 than the average figures for the preceding ten years, the ratios for native troops are, as usual, very unlike those for European troops, as are also the ratios for native prisoners. The statistics do not reflect the opinion, so prominent of late, that enteric fever is quite common among *adult* natives of India. The admission ratio per 1,000 from enteric fever among European troops was 16·7 and the death ratio 4·29. For native troops the corresponding figures were ·4 and ·10, and for prisoners ·6 and ·13. By those who consider that enteric fever is common among natives the small number of cases recorded among native troops and prisoners is usually accounted for on the supposition that enteric fever, when it occurs among these classes of people, is not correctly diagnosed, but is returned under the heading of some other fever, such as ague, remittent fever, or simple continued fever. If this were the case we should expect the death-rates from these other fevers to be high. The death-rates of all the diseases under which cases of enteric fever might possibly be returned may be

	European troops. Deaths per mille 1902.	Native troops. Deaths per mille 1902.	Prisoners. Deaths per mille 1902.
Enteric fever ...	4·29	·10	·13
Intermittent fever ...	·50	·89	1·10
Remittent fever ...	·20	1·14	·78
Simple continued fever ...	·00	·03	·01
Total fever mortality ...	4·99	2·17	2·02

compared with regard to European troops, native troops, and prisoners, by means of the accompanying table. From this it will be seen that taking either native troops or prisoners their mortality *from all fevers* was considerably below that of the European troops *from enteric fever alone*. Indeed we might add up the total fever death-rates of native troops and of prisoners and the result would still be below the death-rate of European troops from enteric fever alone. The conclusion to be drawn from these figures is sufficiently obvious.

In a paper read before the Royal Medical and Chirurgical Society, Captain Rogers, I.M.S.<sup>1</sup>, stated that in the course of 18 months he had diagnosed 26 cases of continued fever in natives admitted into the Medical College Hospital, Calcutta, as enteric fever, and recorded his opinion that only two forms of long-continued fever exist in natives of India, *viz.*, typhoid fever and malarial remittent fever—upwards of 80 *per cent.* of continued and remittent fevers occurring in natives of India which lasted three weeks or more being typhoid fever. He considered that typhoid fever in natives differed



in no noteworthy respect from the same disease occurring in Europeans in this country, except that the cases tended to be more severe and fatal in natives than in Europeans—a conclusion which is not borne out by the statistics referred to above. His methods of research and his conclusions were severely criticised by Manson, Wright, and Low.<sup>2</sup> Lieutenant-Colonel Henderson, I.M.S.<sup>3</sup>, and Major Childe, I.M.S.<sup>4</sup>, have also described cases occurring in natives of India, and Major Meyer, I.M.S.<sup>5</sup>, has published notes of seven cases—two Brahmins, one Parsi, one Mohamedan, two Goanese, and one Bombay East Indian. Lieutenant McCarrison, I.M.S.<sup>6</sup>, has written of the disease as it occurs among Gurkhas, and Maxwell<sup>7</sup> has published cases occurring among the natives of Southern China, where, he says, the disease is endemic among the native population. He had, however, never met with a serious epidemic of the disease, and never with a case in a child under 12 years of age. The spread of the disease from person to person appeared to take place chiefly, if not entirely, by direct infection. Kennard<sup>8</sup> has recorded his opinion that typhoid fever is rare among the natives of British Guiana.

Among the whole native army of India 50 admissions with 12 deaths were returned during 1902, as compared with 26 admissions with 15 deaths during 1901. Kila Drosh, Abbottabad, Lansdowne, Dharmsala, and Kohat returned the highest numbers of cases. Thirty-one regiments contributed to the total, the largest number of cases in any regiment being 8 in the 2-2nd Gurkha Rifles at Kila Drosh. In two of the cases occurring in this regiment the diagnosis was confirmed at a *post mortem* examination. The medical officer attributes the disease to impure milk drunk on the march. A *post mortem* examination confirmed the diagnosis in one of the cases occurring in the 1-2nd Gurkhas. In this case it was supposed that infection was contracted at Miran Shah in the Tochi Valley. The medical officer remarks that cases occurring in this regiment are generally imported, or occur in men very recently joined. One of the cases occurring in the 2-39th Garhwal Rifles at Lansdowne also was admitted shortly after enlistment and most probably contracted the disease outside the station. One of the cases occurring in the 2-5th Gurkhas was contracted while on duty in the Boer Camp at Kakool, where the disease was very prevalent.

Four cases of Malta fever were returned—2 from the 9th Bengal Lancers, and one each from the 4th Rajputs and 40th Pathans. No remarks on these cases are made by the medical officers of the regiments.

38. During 1902 there were 192 cases (158 admitted to hospital) of plague

with 95 deaths as compared with 70 cases with 41 deaths during 1901, 56 cases with 29 deaths during

Plague. Cerebrospinal fever.

1900, 76 cases with 45 deaths during 1899, and 94 cases with 58 deaths during 1898. The largest number of cases in any station was 81 at Bangalore, occurring in the 4th Madras Pioneers, the 3rd Madras Lancers, the Madras Sappers and Miners, and the 11th Coorg Infantry. The medical officer of the 4th Madras Pioneers says that many of the married men, who were not allowed to keep their families in the lines, kept them in the previously affected localities of the cantonment, and that in this way the disease spread to the lines. Out of the 33 cases occurring in this regiment, 14 had been inoculated: of these 6 recovered, 5 died, and 3 remained under treatment at the end of the year. Of the 19 uninoculated cases, 14 died, 3 recovered, and 2 remained under treatment. The disease was very prevalent amongst the families and followers of the 3rd Madras Lancers at Bangalore, and 24 attacks with 17 deaths occurred among the men. All the men and followers were inoculated and the regiment moved



into camp, which checked the spread of the disease at once. Two cases occurred among the inoculated men of the 11th Coorg Infantry, one of which proved fatal.

Cerebrospinal fever decreased from 28 admissions with 21 deaths during 1901 to 18 cases with 17 deaths during 1902. The largest numbers of cases were 5 among the troops employed on the Mahsud Blockade, and 4 in the 29th Punjab Infantry at Sarwekai. There were also 2 each at Miran Shah and Ajmer, and one each at Jullundur, Ferozepore, Myitkyina, Kamptee, and Loralai. The medical officer of the 4th Sikh Infantry says that cerebrospinal fever appears to be always present among the civil population of Miran Shah and the neighbourhood, and from time to time the disease carries off men in the regiments there. Three cases of the disease among the civil population had been observed by him about the time of the occurrence of the regimental cases. Of the cases among the troops employed on the Mahsud Blockade and of those occurring in the other regiments mentioned above, nothing is said by the medical officers. For further remarks on this disease see Section IV.

39. The admission ratio of scurvy during 1902 was 2·4 *per* 1,000 as compared with 3·2 *per* 1,000 during 1901. There were in all 302 admissions as compared with 391 during the previous year. Forty-five *per cent.* of the admissions were recorded among the troops in the Bombay Command, and 29 *per cent.* among those in the Punjab Command. As regards the geographical groups, 27 *per cent.* of the admissions occurred among troops in the Hills group, and 20 *per cent.* in the Indus Valley group. As regards stations, 7 *per cent.* occurred at Kohat and 6 *per cent.* at Bhuj. Among the men of the 4th Bombay Infantry 24 cases occurred, chiefly at the outposts, such as Mir Ali Khel, where it is said vegetables are difficult to obtain. Among the men of the 5th Bombay Infantry at Bhuj 19 admissions were recorded. The men who suffered most were those just returned from detachment duty at Jask, nearly half the total number of admissions among men of this detachment being due to scurvy. Lime-juice was used as a prophylactic, but the effect of the measure is not stated.

Although many theories have been advanced as to the causation of scurvy,<sup>1</sup> its true etiology still appears to be involved in obscurity. From the practical point of view, however, it is satisfactory to know that the opinion is gaining ground on all sides that the essential factor in its causation is the absence of *fresh* animal or vegetable food. The instances given by Colman,<sup>2</sup> Sinclair,<sup>3</sup> Koettlitz,<sup>4</sup> and others, as well as the evidence furnished in the recent papers and discussions on infantile scurvy<sup>5</sup> appear to show that it is immaterial whether the food supplies are vegetable or animal, as long as a sufficient quantity of one or other kind of food is fresh, and Koettlitz<sup>6</sup> has furnished evidence tending to show that even the long trusted lime-juice antiscorbutic is futile if the food is unsound.

40. Although there was a slight rise in the admission ratio on account of tubercle of the lungs as compared with that of the previous year, the death-rate was slightly diminished. The admission-rates recorded among the troops in the Punjab and Madras Commands were higher than those of 1901. Of the geographical groups, the admission ratios returned from the Hills, the Assam, and the Upper Sub-Himalaya groups were much the highest for the year; and of the commands, Hyderabad and Madras returned the lowest death ratios. Four out of the six highest admission numbers were recorded among Gurkha regiments, and two among Bengal Lancer regiments. The highest number of

Tubercle of the lungs.  
Appendices L, H and Q. Tables  
XXVI—XXIX.



admissions during the year occurred in the 1st Battalion, 4th Gurkha Rifles, at Bakloh. The medical officer of the regiment records his opinion that Gurkhas have a special hereditary susceptibility to the disease, and considers that the immediate cause is the inhalation by susceptible persons of infected dust from the mud floors of the barrack-rooms. The floor space per man of the barrack-rooms of this regiment is below that prescribed by regulations. The medical officer of the 1st Bengal Lancers at Lucknow attributes the prevalence of the disease to the fact that the regiment spent the previous winter at Hong Kong, and contrasts the somewhat high prevalence of the disease in his regiment with the very low prevalence in the 7th Rajputs, who also wintered in China, but were stationed in the north where the cold was intense, but the air dry and bracing. A marked increase in the number of cases of tubercle of the lungs occurred in the 11th Bengal Lancers at Meean Meer. The medical officer considers it to be due entirely to the complete absence of any means of ventilation in the men's quarters. He states that in these quarters there are no outlets or inlets for air except those left by badly fitting doors, and that, owing to some of the *syces* having to occupy the same rooms as the soldiers, the cubic space per man is very deficient.

Twenty-three admissions with one death were returned as non-tubercular phthisis during 1902, as compared with 13 admissions with 3 deaths during 1901.

41. During 1901 there was an increase in the prevalence of influenza and a

Pneumonia and other respiratory diseases.

Appendices L, M, and K. Tables XXXVII and XXVI—XXIX.

fall in the admission and death ratios from pneumonia. During 1902 these relations were reversed, a considerable decrease in influenza being accompanied by an increase in the admission and death rates from pneumonia. During 1902 pneumonia caused over 33 *per cent.* of the total number of deaths, and was, as usual, the chief cause of death. The admission ratios were, as usual, highest among the troops in groups VII and XII, that of the troops in group VI coming next. In these three groups, as well as for India as a whole, pneumonia was most prevalent during the cold months, especially in December, January, and February. Admission ratios over 50 *per mille* were recorded among the troops stationed at Wana, Mir Ali Khel, Tank, Sibi, Ootacamund, Mercara, and Jullundur; and death ratios over 20 *per mille* at Wana, Tank, Mir Ali Khel, and Sibi. The largest number of cases occurred among the 17th Rajputs at Wana, the disease appearing in epidemic form during the latter part of the year. The medical officer of the 2nd Sikhs at Kohat attributes the prevalence of pneumonia to the fact that the men leave their quarters insufficiently clad in the early morning, to perform their ablutions, a severe chill resulting in some cases. The disease was most prevalent in the 1st Sikh Infantry at Kohat during December, January, and February, and seemed to attack the strong as readily as the weaker men. The 21st Madras Pioneers suffered chiefly while employed on the North-West Frontier where the cold was severe. The disease was also prevalent and of a severe type in the 43rd Gurkha Rifles at Shilong and the 20th Punjab Infantry at Meean Meer.

Other respiratory diseases were most prevalent in the Bombay Command and in the Burma Inland, Burma Coast, and Western Coast groups. Omitting stations at which the average annual strength was less than 100, Wana was the only station at which an admission-rate of over 100 *per mille* of strength was recorded. Stations returning death ratios of over 5 per 1,000 were Tank and Kajuri



Kach. The 30th Burma Infantry at Bhamo, the 1st Bombay Grenadiers at Aden, and the 28th Bombay Pioneers at Khusalgarh and Quetta, had considerably the highest numbers of admissions; the 27th Rajputs at Wana and the 6th Bombay Cavalry at Fort Sandeman coming next. The medical officer of the 1st Bombay Grenadiers at Aden says that most of the men who suffered from bronchitis had had the disease several times before, and that dust may have been an exciting cause of the attacks.

42. The admission and the death rate on account of dysentery were higher during 1902 than during 1901. Increased admission-rates were returned from all the groups, except the Gangetic Plain, the Upper Sub-Himalaya, the Western Coast, and the Southern India groups. Of the 16 stations of over 100 strength at which admission ratios above 100 *per mille* were recorded, 7 were in the Hills, 5 in the Indus Valley, and one each in the Assam, the Bengal-Orissa, and the Gangetic Plain groups. At Aden also, an admission-rate of over 100 *per mille* was recorded. The highest admission ratios were returned from Aden, Datta Khel, Barrackpore, and Mir Ali Khel; and the highest death ratios from Silchar and Aden. The 1st Bombay Grenadiers at Aden had the largest number of admissions, the 17th Rajputs at Wana coming next. The medical officer of the 1st Bombay Grenadiers says that dysentery cases were due partly to bad food and partly to the fact that owing to the pollution of the ground by the native population, the dust blown about by the wind was contaminated with dried fæces. A large number of cases of dysentery of a mild type occurred among the 16th Rajputs soon after their arrival at Alipore. The food stuffs in the bazaar were found to be of good quality, and it was suggested that, owing to the dearness of fuel, the men did not cook their food properly. After the issue of an order urging the men to thoroughly cook their food, a marked diminution in the number of cases of dysentery and diarrhœa was observed. Dysentery prevailed, as usual, more during the second-half of the year than the first, the months of greatest prevalence being July, August and December.

Though the admission ratio on account of diarrhœa during 1902 was slightly lower than during 1901, the death ratio was twice as high. The disease was most prevalent in the Assam and the Hills groups. Of stations in the Assam group, Manipur returned the highest ratio, and of those in the Hills, Loralai. The ratios recorded at Aden, Peshin, Fort Stedman, Tank, Fort Sandeman, Doranda, Barrackpore, Delhi, and Mir Ali Khel were, however, all higher than that at Manipur, though lower than that at Loralai. The highest death ratios were recorded at St. Thomas' Mount, Dinapore, Fort Stedman, and Barrackpore. The cases of diarrhœa at Loralai were attributed to a bad water-supply, and towards the end of the year a new supply was installed to check the prevalence of the disease. At Aden bowel-complaints were attributed to chills resulting from insufficient precautions being taken by the men to guard against the cold wind blowing in the evening.

43. Venereal diseases were nearly nine times as prevalent among European troops during 1902 as among native troops. While among European troops an average annual strength of 60,540 gave 17,036 admissions, in the

Dysentery and Diarrhœa.  
Appendices L and M. Tables  
XXXVIII, XXVI—XXIX.

Venereal diseases.  
Appendices M and I. Tables  
XXVIII and XXIX.



case of native troops an average annual strength of 124,231 gave only 4,071 admissions. In other words, there were only 33 admissions into hospital for every 1,000 men among native troops, as compared with 281 admissions for every 1,000 men among British troops.

Among all the native troops in India the admission-rate during 1902 was 1·5 *per* 1,000 less than during 1901. There were 9 deaths and 121 invalidings directly due to venereal disease. The admission-rates among troops in the Bombay and Madras Commands were the highest for the year; but, as compared with 1901, the admission-rates returned from all the commands except Bengal, as well as the rate among the troops of the Hyderabad Contingent, showed a decrease, the greatest decrease being noted in the admission-rate of the troops of the Hyderabad Contingent. Excluding stations of less than 100 strength, the highest admission-rates on account of venereal disease among troops in the Bengal Command were recorded at Cuttack, Almora, Naini Tal, and Barrackpore; the highest among troops in the Punjab Command at Dharm-sala, Bakloh, Abbottabad, and Jutogh; the highest among troops in the Madras Command at Belgaum, Vizianagram, Rangoon, and Madras; the highest among those in the Bombay Command at Raipur, Sirdarpore, Rajkot, Ahmednagar, and Bhuj; and the highest among troops of the Hyderabad Contingent at Aurangabad, Mominabad, Bolarum, and Raichur. Among all the native troops in India the admission-rate of primary syphilis and soft chancre taken together rose by 0·4 *per mille* as compared with 1901; that of secondary syphilis fell by 0·6 *per mille*; and that of gonorrhœa fell by 1·2 *per mille*.

44. There were in all 84 cases of beri-beri during 1902, 83 having occurred among the Madras regiments, and one in a Bombay regiment, as compared with 108 cases, all among the Madras regiments, during 1901. The 3rd and the 13th Madras Infantry regiments at Singapore had between them the highest number of admissions (34), the 7th Madras Infantry at Vizianagram coming next. Probably on account of the lesser prevalence of the disease during 1902 medical officers have said little or nothing about it in their reports, the only point worthy of note being the fact that in some regiments the disease prevailed chiefly among the recruits.

No advance in our knowledge of the causation of beri-beri that is worthy of record has been made during the year under review. McClosky<sup>1</sup> found that the administration of arsenic to beri-beri patients did not produce any good effects, nor did it aggravate the disease, and concludes for this reason that it cannot be the causative agent. Bertrand<sup>2</sup>, moreover, has shown that arsenic is normally present in all animal tissues, and that the skin, hair, and nails are particularly rich in it.

45. There was a very slight decrease in the admission ratio on account of Guinea-worm (4). By far the largest number of cases occurred as usual in group VIII, next came group VII, and the third and fourth places were taken respectively by groups VI and XII. Of the total number of cases over 21 *per cent.* declared themselves at Kherwara and between 3 and 4 *per cent.* at Dera Ismail Khan and Jhansi. As in 1901 the Mewar Bhil Corps at Kherwara had considerably the highest number of cases, all occurring in the months from April to September. The medical officer says that almost every Bhil sepoy suffers from guinea-worm, and that the disease is probably acquired from the use of impure water by the men while on leave at their homes. In the 40th Punjab Infantry at Jhansi the disease occurred chiefly



among the Dogras, who, the medical officer states, were evidently infected in their own country before enlistment. They come from Jammu where the drinking water is obtained from tanks and shallow wells.

Manson<sup>1</sup> has recorded two cases tending to show that a year must elapse between the date of infection and the date of the appearance of the worm at the surface of the body.

46. During the ten years 1892—1901 there were 166 cases of suicide or an average of nearly 17 *per annum*. There were only 10 in 1902, of which 6 were by gunshot, 2 by hanging, 1 by drowning, and in 1 case the cause of death was not stated.

### Papers and Books referred to in Section III.

*For explanation of abbreviations see end of Section II.*

- (1) <sup>1</sup>Rogers in L. of 30th May 1903, page 1500; <sup>2</sup>Manson, Wright, Low, reported in L. of 16th May 1903, page 1371; <sup>3</sup>Henderson in the Journal of the Bombay Medical and Physical Society, VI, No. 5, page 3; <sup>4</sup>Childe in the same, page 6; <sup>5</sup>Meyer reported in I.M.G. of March 1903, page 115; <sup>6</sup>McCarrison in I.M.G. of March 1903, page 98; <sup>7</sup>Maxwell in J.T.M. of 15th June 1903, page 188; <sup>8</sup>Kennard reported in I.M.G. of November 1902, page 444.
- (2) <sup>1</sup>See references in S.C.I. for 1899, 1900, and 1901; <sup>2</sup>Colman in L. of 15th August 1903, page 443; <sup>3</sup>Sinclair in B.M.J. of 15th November 1902, page 1631; <sup>4</sup>Koettlitz quoted in B.M.J. of 4th April 1903, page 807; <sup>5</sup>see B.M.J. of 15th November 1902, page 1621; B.M.J. of 29th November 1902, page 1752; B.M.J. of 10th January 1903, page 82; B.M.J. of 24th January 1903, page 201; B.M.J. of 11th April 1903, page 843; B.M.J. of 2nd May 1903, page 1036; and L. of 15th August 1903, page 443; <sup>6</sup>Koettlitz quoted as above.
- (3) <sup>1</sup>McClosky in J.T.M. of 1st May 1903, page 140; <sup>2</sup>Bertrand in A.P. XVII, page 1; reported in J.P.P.G., IV, page 1188, and in N. 67, page 72.
- (4) <sup>1</sup>Manson in B.M.J. of 4th July 1903, page 10.

## SECTION IV.

# JAILS OF INDIA.

47. The year 1902 was hot and rather dry, the rainfall being, however, only very slightly deficient. The monsoon began feebly,

India. Table XL.

but the rainfall over the greater part of the country in July was approximately normal. In August there was a long break in the rains, followed in September by a rainfall in excess of the average in practically all parts of the country. The health of the general population and of the prisoners was good.

The chief causes of admission to hospital were ague, dysentery, abscess, and diarrhœa. The only diseases with raised admission-rates as compared with those of the previous year were tubercle of the lungs and enteric fever. Ague accounted for 41 *per cent.* of the total number of admissions, and bowel-complaints for 16 *per cent.* The chief causes of death were dysentery, tubercle of the lungs, and pneumonia. Among the diseases with lowered mortality were dysentery, cholera, and pneumonia. Dysentery and diarrhœa caused 26 *per cent.* of the total deaths, tubercle of the lungs 17 *per cent.*, and pneumonia 14 *per cent.*

48. The health statistics of the prisoners in all administrations except in the

Administrations. Appendix N.  
Table XL.

Andamans, the North-West Frontier Province and the Central Provinces, were more favourable than those of the previous year. The most unhealthy administrations were, in order, the Andamans, Bengal, Assam, the Punjab, and the North-West Frontier Province; and the three most healthy in order, Madras, Burma, and Berar. Of the former group the first, fourth, and fifth were more unhealthy than in the quinquennium. As compared both with the previous year and with the quinquennium, the year 1902 had increase of mortality in the Andamans from remittent fever, tubercle of the lungs, pneumonia, other respiratory diseases, and dysentery; in Burma from respiratory diseases other than pneumonia; in Assam from tubercle of the lungs and pneumonia; in the Punjab from tubercle of the lungs, pneumonia, diarrhœa, remittent fever and small-pox; in the North-West Frontier Province from pneumonia, tubercle of the lungs, and dysentery. Thus, four of the provinces just mentioned had increased mortality from tubercle of the lungs and pneumonia, as compared both with the previous year and the quinquennium.

Some explanatory details with regard to the unhealthiness of individual jails are given in Table XLIV.

49. The rainfall of 1902 was heavy, 6 inches more than in 1901, and 25 inches more than the average of the preceding five years.

Andamans.

The unhealthiness which marked the year is stated not to have been confined to the convicts and the police, but to have affected all classes of the community. The free population suffered much from malaria, and it is said that phthisis is increasing among them. Besides the general medical and sanitary report, the Senior Medical Officer submitted separate special reports on malaria, on tubercle of the lungs, and on dysentery, the three scourges of the settlement. He pointed out that sickness and mortality were highest wherever hard work and exposure in the open were most in force. Frequent use was made of the microscope in the diagnosis of malaria and tubercle. The type of malaria in the female jail is said to be more virulent than in previous years, and many of the



children harbour malarial parasites. Recently admitted prisoners suffered most from remittent fever. The measures adopted more or less extensively, and believed to have obtained a certain amount of success, were the institution of mosquito brigades, the use of mosquito nets, the prophylactic issue of quinine, and the protection of prisoners from the risk of exposure. With regard to the prevalence of tubercle of the lungs, it was shown that the floor space per prisoner is not sufficient and that four rows of prisoners sleep in a barrack, and that care is not taken to ensure that clothing is dry. It was proposed to facilitate the early detection of cases by frequent inspections and regular weighments, and sanction had been asked for the necessary increase in establishment. A special ward to hold fifty phthisis patients was nearly ready for occupation, but another is needed. As to accommodation, it was proposed to begin with the invalid and convalescent gangs, and obtain for them, by building, a floor space of 50 square feet per man. Arrangements were made, or proposed, to keep clothing dry, to disinfect barracks from which cases came, to boil infected clothing, to watch over the milk supply, and to inform prisoners regarding the nature of the disease and the danger of infection.

The stools of patients suffering from phthisis and dysentery were burned in special incinerators at the various hospitals.

The classes which suffered most from dysentery were the invalids, the prisoners recently admitted and those employed on hard outdoor labour. Infection was considered to occur directly, through the soil, or by the medium of flies. Since the adoption of special dysentery wards with separate latrines and disinfecting apparatus for the hospitals, hospital-dysentery is stated to have become uncommon. The Senior Medical Officer would add a separate dysentery convalescent gang, as an additional means of preventing the spread of infection. Efforts are also being made to ensure that clothes worn by the prisoners are thoroughly dry. The frequency of self-induced dysentery is noted, and a list of the principal irritants taken with the object of inducing this disease is given. At every station there is a boiler, from which a plentiful supply of boiled drinking water is available. Reforms were carried out in the dieting and cooking, in the milk supply, and in the vegetable ration. Vegetables were divided into first class and second class in respect of their antiscorbutic value, and orders were issued that at least one-third of the ration should be of the first class. Scurvy is stated to be rare in the settlement now-a-days, and the gum affections which occur are put down to malaria and to the fact that prisoners do not pay sufficient attention to the cleanliness of their mouths and teeth. All the measures enumerated are good on paper but the result depends on how they are carried out. In the meantime the statistics of sickness and mortality do not indicate even the beginning of success.

50. The health of the Burma prisoners, like that of the general population, was better than in the preceding years, the admission and constantly sick ratios being the lowest on record.

Burma.

Occasional overcrowding occurred in district jails, but was relieved by transfer. Boiling and permanganating of water is carried out in all the jails of the province. There is room for improvement in the method of distributing water in some of the jails; but in the central prisons and in some of the district jails it is pumped up and then distributed by pipes, to prevent contamination by handling. In the Ma-ubin jail the "meat-safe arrangement" to protect the prisoners from mosquitoes rendered the atmosphere of the wards very stuffy. The arrangement



should be abandoned, and more trust put in quinine. There was a marked improvement in the health of the Moulmein jail. On the other hand, the Rangoon jail was considered to be showing signs of unhealthiness. For the first time in ten years, cholera did not make its appearance in any of the jails.\* As a rule, cases of tubercle of the lungs, dysentery, and pneumonia were isolated. Separate "tubercle" wards exist in ten jails, and the question of the desirability of separate tubercle jail is being considered. The practice of producing abscess by the use of a poisoned seton was detected in the Monywa jail. The reduction of dysentery in the Moulmein jail was attributed to the facts that no water is now drunk in that jail unless it is first boiled, and that the water of the distrusted workyard wells has been rendered unpalatable by treating it with coal-tar. The scurvy admission-rate of Burma, though lowered, continued high, and was surpassed by that of Bombay only.

51. The general health in the province of Assam was "extremely good." The sick ratios of the prisoners were also low, but an outbreak of "beri-beri"† in the Gauhati jail caused some increase of the death-rate. Special precautions were taken in the case of prisoners suffering from tubercle of the lungs. A Committee was appointed to inquire into the causes of the unhealthiness of the subsidiary jail at Kohima. Among administrations, Assam had the highest death-rate from ague, and from anæmia and debility, and a high death-rate from dysentery; but a low death-rate from tubercle of the lungs. There was only one case of cholera. It occurred at Silchar, in the person of a man who had just travelled from Aijal.

52. The health of the general population of the Bengal Province was bad, but that of the prisoners was, on the whole, somewhat improved, and the death-rate lower than in preceding years. There was, as usual, a high death-rate from dysentery, but it was not the highest. The jail population increased and overcrowding consequently occurred in some of the jails. In most jails the question of water-supply has been satisfactorily solved. There are Pasteur filters in eight jails, but on the whole they have not given satisfaction. With regard to the eight jails with the highest death-rates, the causes most frequently mentioned were, in order, poor health of prisoners on admission, overcrowding, defective water-supply, dampness of a barrack. The Barisal jail was visited by an outbreak of epidemic dropsy. There occurred 12 cases of cholera distributed over 10 jails, and two cases also occurred in subsidiary jails. The disease was usually prevailing in the neighbourhood of the jail; and most of the prisoners affected were men under trial or recently admitted into jail or into the quarantine wards of the jail. Where two cases occurred, no connexion was discovered between them. At Monghyr a paid warder, who was supposed to have drunk infected milk, was first attacked. Every jail patient and his contacts were isolated, and, where necessary, a barrack was evacuated and disinfected. No less than 20 jails were without a death from dysentery, but malaria was more prevalent and severe. The Inspector-General believes that the statistical increase in tubercle of the lungs is the result of greater care in the correct registration of disease, and of the recognition that it is a common affection of the free population and of prisoners at the time of admission to jail. In most jails cases were isolated, and treated, as far as possible, in the open air; while care was taken to provide spittoons, and to disinfect clothes and bedding used by phthisical patients. The Inspector General notes in this connection that

\* There were two cases of "choleraic diarrhoea."

† Returned as "multiple neuritis."



the floor space allowed per prisoner in wards does not err on the side of liberality, being less than that considered necessary for the native soldier; and that for this reason a full ward is not very far removed from being an overcrowded one. In speaking of the Rangpur jail, an unhealthy one, he remarks that "in wards with ten rows of prisoners the floor space should be much more than it is." But there ought never to be ten rows of prisoners in a barrack: no modern ward should contain more than two rows. The four and ten row barracks which exist in the Andamans and Bengal are a sanitary mistake, and are no doubt responsible for much avoidable sickness.

53. The death-rate among the general population of the United Provinces was higher than in 1901, although not far removed from the average, and the prisoners had an unusually low death-rate. There was decided improvement in the health of five formerly unhealthy district jails, ascribed in the case of Moradabad partly to reforms in the water-supply and in site ventilation. Among the causes mentioned for high death-rates in individual jails the most frequent are the poor health of prisoners on admission into jail and defective water-supply. The site ventilation of several jails was improved by lowering internal walls and removing unnecessary walls and buildings. Pumps were provided for the wells, and other measures taken to improve the water-supply and prevent pollution during distribution, in the Fatehgarh Central Prison and in eight district jails; and the two Benares jails are being connected with the municipal water works. On the whole, the accommodation was more than sufficient for the daily average number of prisoners. Night latrines are being provided gradually for all barracks. The isolation of cases of tubercle was believed to have already produced good results in the Agra Central Prison. The isolation of dysentery patients and the disinfection and incineration of their evacuations were more carefully attended to than formerly. Plague occurred in three jails, and cerebrospinal fever in four. In the Benares Central Prison cholera caused 12 admissions and 6 deaths. The epidemic was soon checked by movement into camp. How the jail became infected is not known; but the disease prevailed in the surrounding villages, and the medical officer mentions as a possible source that a tank outside the jail communicates with one inside, and that the first man attacked, as well as two others, were on duty near the latter tank. A sweeper who removed the cholera excreta was among those attacked. In the infirm gang of the Ghazipur jail 3 cases and 2 deaths were recorded, and in another barrack a fatal case. The origin could not be traced, but there were cases in the city and neighbourhood at the time. The disinfectant measures adopted by the medical officer for the barracks had special reference to the destruction of flies.

54. The increased mortality among the general population of the Punjab was due to plague, there having been hardly any cholera, less fever, and the same proportion of bowel-complaints. Though the disease extended so widely in the Punjab, only 3 deaths from plague occurred in jails. Cerebrospinal fever, on the other hand, was more frequently imported into jails from outside. The general health of the prisoners was considerably better than in the preceding year; but the constantly sick and death rates do not compare favourably with those of the quinquennium. As compared with 1901 there was increased mortality from small-pox, remittent fever, tubercle of the lungs, pneumonia, other respiratory diseases and diarrhoea; but a considerable decrease in dysentery and debility. Overcrowding, when it occurred,



was met by transfer or by the use of tents. Improvement of the lateral ventilation of cells and barracks has been taken in hand, and is well advanced. Various improvements were also carried out or arranged for in the water-supply of jails. High mortality in individual jails was in three cases due to cerebrospinal fever. Quinine prophylaxis was carried out in all jails, but not always with sufficient system or earnestness. A beginning has been made in the provision of special tubercle wards, and further projects are under consideration; and much is expected from the improvement in lateral ventilation. There was no cholera in the Punjab jails.

55. As regards the health of the inhabitants of the North-West Frontier Prov.

North-West Frontier Province. since the year was a favourable one; for, though there was more fever and small-pox, there was no cholera, and very little plague. The jail statistics were less favourable than in the previous year, there being increased mortality from tubercle of the lungs, pneumonia, dysentery, and diarrhœa. The Inspector-General does not consider the number of tubercle cases sufficient to warrant the cost of providing special wards. The increase of dysentery at Peshawar was ascribed to high winds bringing dust into the food.

56. The health statistics of the prisoners of the Bombay Presidency showed

Bombay. much improvement, while the total mortality ratio of the general population was raised by the ravages of plague. Overcrowding occurred in 9 out of the 15 prisons; and was treated by transfer, and by the use of tents, temporary sheds, worksheds, *etc.* The use of worksheds for the purpose is an undesirable expedient. Cerebrospinal fever broke out in the Ahmedabad Central Prison, relapsing fever in the Deccan Gang, and 24 cases of plague were distributed over 6 prisons. In the Sind Gang the proportion of pneumonia deaths was, as usual, high; and new barracks with improved ventilation have been built. Many of the men who developed pneumonia in the Hyderabad Central Prison had suffered previously from scurvy. The only case recorded as cholera occurred in the Thana Special Prison. The attack began with indigestion and there was no cholera in the town and district at the time. Prophylactic measures in regard to diet and clothing were adopted, among them the issue of potatoes in lieu of green vegetables. The description of the prophylactic use of quinine in the Yerrowda Central Prison shows that the dose was too small and the interval between doses too long.

57. In Berar, there was less bowel-complaint, little cholera, and the

Berar. general mortality, though higher than in 1901, was not high as compared with former years. The general health of the prisoners was satisfactory. The improvement at Akola was ascribed to diminution in the number of prisoners. The medical superintendent at Amraoti dreads the cost of the extensive use of quinine as a prophylactic; but there is good evidence to show that the least wasteful method is to repeat doses of not less than 15 grains at suitable intervals for a period of about three months. In the end less quinine is used than when smaller doses are given unsystematically, and the general hospital expenses are lowered. Though there was plague in the station and district of Buldana, the jail escaped. All newly admitted men were kept under observation and in segregation for ten days, all the prisoners and the establishment were inoculated, and the mouths and outlets of drains were so fixed as to prevent the ingress of rats. There was no cholera.



58. In the Central Provinces the year was considered to be a healthy one, there being little cholera, and diminished bowel disease, though the general mortality was somewhat increased.

Central Provinces.

Among the prisoners, sickness was greater than in the previous year, but the mortality was nearly 3 *per mille* less. The apparent increase in sickness seems to have been due, partly, if not wholly, not so much to increase of disease as to greater liberality in the admission of sick men to hospital. There does not seem to have been any serious overcrowding of the jails, but timely transfer might have made it even less. The construction of tubercle isolation wards is under consideration. Under the orders of the Government of India a special investigation was made into the sanitary conditions of the Jubbulpore Central Prison, and the circumstances which had conduced to the high mortality of 1901. As a result, structural improvements were sanctioned, a complete change was made in the diet, and prisoners were more freely admitted to the infirm gang. In the jails of the Central Provinces mortality from dysentery was still further reduced, and there was no cholera.

59. As cholera, fevers, and bowel-complaints were less prevalent, the mortality of the population of the Madras Presidency diminished.

Madras.

For the prisoners, too, it was "an exceptionally favourable year," the general ratios of sickness and mortality being diminished, as well as the death-rates from cholera, tubercle of the lungs, pneumonia, and dysentery. In the case of those jails where mortality was high, the cause was stated to have been the poor health of the prisoners on admission. Cholera occurred in the Palamcottah jail only,\* and there appeared to be no connexion between the three cases. The disease was prevalent in the town and district at the time. The patients were removed, their contacts were isolated, and the cells were thoroughly disinfected. Notwithstanding the prevalence of plague in the vicinity of several jails, only one prisoner was attacked. In the malarious Rajamundry jail, quinine prophylaxis was combined with the attempt to destroy the larvæ of *anopheles* mosquitoes in the vicinity of the jail. But the principle adopted by the medical officer of treating "trivial ephemeral cases" by detention and not by admission to hospital is bad, and has been condemned by authority. Tuberculous patients are treated separately, measures are taken for the thorough disinfection and destruction of their excreta, the open air treatment is as far as possible enforced, and plans are being considered for the provision of special wards.

60. The health statistics of the Mercara jail showed considerable improvement, the mortality being less than a quarter of that

Coorg, Rajputana, Baluchistan.

of 1901. At Ajmer and at Quetta though there was an increase of sickness, there was a considerable reduction in mortality. At Quetta the ratios both of sickness and mortality compare very unfavourably with those of the quinquennium; the average numbers of prisoners in this jail is, however, only between 60 and 70.

61. In 1902 the highest admission ratio from malarial fevers was recorded in

Geographical Groups. Appendix O. Table XLI. Group I; in Group II, the highest from tubercle of the lungs; in Groups III and V, the highest from cholera; in Group IV, the highest from influenza and from dysentery; in Group VII, the highest from small-pox and pneumonia; in Group IX, the highest from remittent fever; in Groups X and XII, the highest from enteric fever, and in Group X, the lowest from pneumonia and from dysentery; in Group XI, the highest from simple

\* There was one case of "choleraic diarrhœa" at Madura.



continued fever, and the lowest from ague. For the quinquennium also, Group I had the highest malaria ratio, Group IV, the highest influenza and dysentery ratios, and Group X, the highest enteric fever ratio.

62. There was a decided decrease in influenza, a return to the rule of waxing and waning in alternate years. It was proportionally most prevalent in the Bengal-Orissa group and in the Central Provinces administration. Thirty jails were more or less affected, against fifty-eight in the preceding year; but by far the largest outbreaks were those of Alipur Central and Cawnpore District jails. At Alipur the disease was present throughout the year, with the maximum in May; while in Cawnpore it lasted for the first ten months, and was at its maximum in April. Only two other jails had more than 50 cases.

63. There were only 36 cases of cholera with 24 deaths during 1902 as compared with 211 cases and 106 deaths during 1901. As usual, there was no cholera in the Andamans; and there was none also in Burma (except two cases of "choleraic diarrhœa" at Akyab), the Punjab, the North-West Frontier Province, Berar, and the Central Provinces. Including choleraic diarrhœa, cases were returned from seventeen jails; but the greatest number was 12 in the Benares Central Prison. The maximum prevalence was in September. The circumstances under which certain of the outbreaks occurred have been noticed above in the paragraphs regarding administrations. The measures adopted by administrations of segregation of new prisoners, of isolation of cholera patients and their contacts, of evacuation and disinfection of rooms in which cases occur, and of attention to sanitary detail, seem to have been effectual.

64. There was a further decrease in the admission and death rates from small-pox; and there were 47 admissions (59 cases treated) and 6 deaths against 63 admissions (80 cases treated) and 10 deaths in the preceding year. The Midnapur Central Prison had 11 admissions and 1 death. Then came the Madras Penitentiary and the Shikarpur jail, each with 4 admissions, but no death. Four jails had 2 admissions, both fatal in the case of Mooltan; and twenty jails recorded 1 admission each. The prisoner, who died at Cawnpore, was suffering from the disease when admitted into the jail.

65. Ague accounted for about 41 *per cent.* of the total number of admissions; but the ratio to strength was somewhat diminished. As usual, October was the most malarious month, and February the least malarious. The most malarious groups were, as before, I, which includes the Andamans, and VI; and the most malarious administrations, as before, the Andamans and the Punjab. Of these, Burma Coast and the Andamans had higher ratios than in the previous year. In the Andamans, says the Senior Medical Officer, it is the men doing hard outdoor work that furnish the bulk of the malarial cases. At the same time he reports that the female prisoners and children are severely infected, and that there is a large swamp which "must afford a breeding ground for numberless mosquitoes." The use of mosquito nets gave good results, but interfered too much with ventilation. The result of mosquito brigade work was encouraging as regards effecting a general diminution in the prevalence of mosquitoes, but it seems doubtful whether all the sources of *anopheles* mosquitoes were discovered and dealt with. The result of quinine prophylaxis was not up to expectation, probably because the efforts made



towards it, though enthusiastic, were not sufficiently concentrated. For a beginning, the attempt was made over too wide an area and attention should have been focussed upon a limited and selected portion of the settlement, one of the islands perhaps. The Senior Medical Officer points out the importance of ensuring that prisoners always wear dry clothes and that a sufficient number of suits are provided for each man. In the paragraphs regarding administrations something has already been said on malaria prevention. Medical officers in Burma paid more attention to the surroundings of their jails, filled up swamps, pits, and pools, and cleared away long grass and jungle. In numerous Bengal jails attention was directed to the destruction of mosquito larvæ, to the abolition of useless pools, to protection from mosquito bites, to the disinfection of infected prisoners and the protection of others by the use of quinine. It was found that large doses twice a week gave the best result. The Punjab Inspector-General found in some jails a want of system and earnestness in the matter; and it is generally these defects which result in ambiguous or unfavourable reports. At the same time a large reduction in the admission-rate was effected in the Lahore Central Prison. Köch's<sup>1</sup> method of disinfecting an infected man consists in the exhibition of 15 grains of quinine on three successive days at intervals of a week for a period of three months. If during the course of treatment an individual gets a relapse of fever he receives five consecutive days' treatment with quinine, *viz.*, 30 grains on each of the first and second days and 15 grains on each of the third, fourth and fifth days; the after treatment being then continued in the same way as before. For the uninfected or disinfected, as a prophylactic, a dose of 15 grains on two successive days at the same intervals during the fever season is best. It is very doubtful whether small doses of from 3 to 5 grains are effectual, even when given daily, as recommended by Celli<sup>2</sup>.

66. Although there was a slight decrease in the admission-rate for remittent fever, the mortality on account of this disease was somewhat greater than during the preceding year. It was most prevalent in Bombay and the Andamans, and most cases occurred during the months of August and September. In three fatal cases (Muttra and Sylhet) there was lymph on the brain, which is suggestive in view of the wide prevalence of cerebrospinal fever. In one fatal case the disease had probably been pneumonia, in another there was sloughy ulceration of the large intestine, while in a third there were signs of tubercle. No *post mortem* records were furnished for the 49 deaths which occurred in the Andamans or for some of those elsewhere. Most of the cases were put down to malaria, of some the etiology was classed as unknown, while exposure to the sun, chills, and syphilis were mentioned as causes.

67. The most common causes assigned for the cases returned as simple continued fever were exposure to rain, chills, climate and changes of weather, exposure to the sun and to heat, overexertion, bathing and drinking when hot, indigestion, gastric disturbance, constipation, overeating. Cases of fever which gave no Widal reaction, which were non-malarial, and for which no cause could be discovered, were so returned. Finally, cases of vaccination fever, nasal catarrh, and malarial fever, were wrongly recorded as simple continued fever; and it was suspected that some obscure cases of tubercle were similarly treated statistically. In the only fatal case no *post mortem* examination was made.

Remittent fever. Appendices N, O, and P.

Simple continued fever. Appendices O and P.



68. Throughout the jails of India there were returned 69 admissions (there were 70 cases) of enteric fever with 15 deaths. Enteric fever. Appendices O and P. Table XLVII. These were distributed over 31 jails, of which 18 had only one case each. The diagnosis is said to have been confirmed by Widal's test in some cases. On the whole, the *post mortem* records support the diagnoses, though there are some anomalous cases. With regard to four patients it is mentioned that they came into jail already infected. Otherwise the returns furnish no information as to causation, or say that the origin could not be traced. The Sanitary Commissioner of Madras furnishes two reports affirming the existence of enteric fever among both the free and the imprisoned inhabitants of South Canara and Malabar, due to contamination of the water by polluted soil. It is stated that since November 1899 the drinking water in the Mangalore jail has been passed through a Berkefeld filter and also boiled during the enteric fever season, and the well also regularly treated with potassium permanganate. There were two cases in the Mangalore jail in 1902. The Western Coast group had the highest proportion of cases; but the Hazaribagh and Rohtak jails the greatest numbers in individual outbreaks. In the former the dysentery and enteric fever were traced chiefly to one enclosure which contained the cow-sheds, and arrangements were being made to remove these sheds. Only the fatal case at Rohtak is noticed, and the patient was supposed to have brought the infection from Delhi. The man who died of enteric fever at Mirzapur was already moribund when admitted into the jail.

69. There were 130 cases of cerebrospinal fever with 108 deaths, as against 141 cases with 102 deaths in the preceding year. The Cerebrospinal fever (2). yearly total admissions from 1896 have been 7, 13, 24, 29, 99, 141, and 136. Besides these 136, several of the 18 fatal cases of the local disease "meningitis" from various jails were probably cases of cerebrospinal fever. In 1899 six jails were attacked, in 1900 seventeen, in 1901 twenty, and in 1902 nineteen. Eight of the nineteen of 1902 had had none in the preceding year, and Ferozepore, Rohtak, Hissar, and Sambalpur returned cases for the first time in 1902. Only the Bhagalpur Central Prison had cases in each of the six years 1897—1902, the Alipur Central in four of the six.

For each of the last three years the Allahabad and Fatehpur District jails and the Jubbulpore Central Prison have had cases; but the Fatehpur case in 1902 occurred in the quarantine camp outside the jail, and was really imported from the Allahabad District jail. Ten of the jails had but one case, and four from two to seven cases. The larger outbreaks were 42 cases at Ahmedabad, distributed monthly as follows: 0, 10, 16, 11, 2, 0, 0, 3, 0, 0, 0, 0; 35 cases at Mung Rasul—5, 7, 8, 5, 2, 2, 0, 0, 0, 3, 0, 3; 14 cases at Delhi—0, 0, 0, 1, 12, 0, 0, 1, 0, 0, 0, 0; 11 cases at Bhagalpur—3, 2, 2, 0, 0, 1, 0, 3, 0, 0, 0, 0; 10 cases at Allahabad—4, 4, 2, 0, 0, 0, 0, 0, 0, 0, 0, 0. The deaths in these jails were respectively 37, 23, 10, 7, and 10. Perhaps also cases occurred which were not recognized. The fatality for all the jails of India taken together was just over 77 *per cent.* of cases treated. A number of the fatal cases at Mung Rasul and Ahmedabad were not examined *post mortem*; the results *as recorded* at Fyzabad, Hissar, and Jubbulpore do not unmistakably support the diagnosis; and the case at Myaungmyo may possibly have been tubercular; but in most cases the *post mortem* records leave no doubt that cerebrospinal fever was correctly diagnosed. It seems to be now generally acknowledged that the disease exists among the free population; and measures were accordingly taken by jail medical officers to prevent



the importation of infection. With regard to Ahmedabad it is reported that it was found that people in the districts and famine camps were dying of the disease. One new prisoner who fell ill of it after he had been seven days in quarantine, could not have contracted the disease in the jail. The infection was believed to have been first imported and then spread by means of duststorms. The first case was diagnosed as sunstroke. The cases were scattered and did not seem to depend on the hardness or lightness of the work. None of the hospital staff were attacked. Similar measures were adopted as for plague. Materials for bacteriological examination were regularly sent to the Bombay laboratory. At Mung Rasul pneumonia was very fatal in the beginning of the year, and the medical officer considers that these cases were probably of the same etiology as the cerebrospinal cases. He was unable to discover how the disease got into and spread in the jail. At Delhi the fever had been epidemic among the free population for several months, and was introduced into the jail. No case occurred in which infection from a previous case could be traced. The prisoners were placed in camp in the jail garden for about a month. The barracks were disinfected with perchloride of mercury, and all the clothing was boiled. The first case of 1902 at Bhagalpur was a man engaged in cleaning rice, and the second a sweeper, but the disease had been present in the last month of 1901. The dust theory continues to receive support at Bhagalpur. Cerebrospinal fever was prevalent in the district and town of Hissar when the first case occurred in the somewhat overcrowded jail, but it was not discovered how it was conveyed. The second case was in the person of an under-trial prisoner who had been only eight days in jail. One under-trial prisoner was released while suffering from the disease. Newly arrived prisoners were made to bathe and to wash their clothes, and they were given clean clothing and kept under observation. Evacuation and disinfection were resorted to. The cerebrospinal fever in the Allahabad District Jail was continued from the preceding year and the prisoners had all been removed into camp in that year. In February, as the prevalence of plague rendered it desirable that the camp should be moved, while there was no convenient site available, the prisoners were transferred in gangs of a hundred or fifty to camps pitched in the neighbourhood of the jails of seven districts, precautions being taken to prevent infection being carried by the prisoners. They were kept in these camps for six weeks, and the Fatehpur case, mentioned above, was the only one that occurred after Allahabad had been left. The Allahabad District jail was re-occupied after thorough disinfection in the month of June. The tiles had been removed from the barrack roofs in January; and the jail had remained empty with the interiors of the barracks freely exposed to sun and air. No more cases occurred during the year. No connexion could be discovered between the two cases that were observed in the Fyzabad jail, but it had also had two cases in 1901. The affected barracks were evacuated, the inmates sent into tents, and barracks and clothing disinfected. The Fyzabad jail is never overcrowded, is well ventilated, without site overcrowding, and of good general sanitary condition. At Akyab the cases did not appear to be connected, all three had been over eight months in jail, and the jail was well ventilated and not overcrowded. The origin of the disease could not be traced. The cases were isolated, the buildings disinfected and white-washed, the patients' clothes burned, etc.

From all that has just been said it is evident that nothing new was anywhere discovered as to the causation and spread of the disease. But Captain Robertson-Milne, I.M.S., was placed by Government on special duty to study



the matter. He employed himself, to begin with, in reading the literature of the disease, in studying the records of Indian outbreaks, in visiting affected jails, and in the practical elucidation of certain bacteriological points. In Europe a difference of opinion exists between Jaeger<sup>1</sup> supported by Lepierre,<sup>2</sup> who maintain that the meningococcus is the sole cause of the disease, but is a very variable organism; and Albrecht and Ghon,<sup>3</sup> supported by Weichselbaum,<sup>4</sup> who declare that the meningococcus proper is not variable, and that the disease may be caused by any one of a number of similar cocci. At present the last word is with Jaeger, who has adduced in his favour some facts of agglutination tests obtained by himself.<sup>5</sup> The difference is of practical importance; because Weichselbaum<sup>6</sup> states that as it does not seem to have been the real meningococcus that Jaeger and Germano worked with, their conclusions as to the epidemiological importance of its great resistance to drying are valueless, it being, on the contrary, very easily destroyed. Some apparently mysterious cases of infection may be explicable, according to him, by the fact that the microbe may occur in the nasal secretion not only of meningitids but of healthy people. Sorgente<sup>7</sup> and also Solomon<sup>8</sup> have reported the finding of the micrococcus in the blood. Balthazard<sup>9</sup> has reported a case caused by a new microbe, the *Diplococcus meningitidis aureus*.

70. There was no case of typhus fever. Relapsing fever caused 220 cases with 4 deaths: 210 of the cases and all the deaths occurred in the Deccan Gang, 7 cases at Bijapur, 1 at Dharwar, and 2 in the Bhagalpur Central Prison. In the blood of some of the Deccan Gang patients the specific spirilla were found. The measures adopted were:—increase of space to each prisoner, reduction of task, and extra diet. This fever did not occur in the neighbouring Famine Relief Camp. There were no deaths among the 186 cases of dengue recorded. In the Madras Penitentiary 50 cases occurred, and 46 in the Thayetmyo Central Prison. The disease was prevalent throughout Burma, and the prisoners are said to have suffered less in proportion than others, owing to their isolation. Of plague 37 cases with 20 deaths occurred; 16 in the two jails of Bombay city, 8 in other jails of the Bombay Presidency, 3 in the Punjab, 3 in the United Provinces, 6 in Bengal, and 1 in Madras. The cases in the United Provinces occurred in the quarantine camps outside the jails, and the disease did not gain actual entrance into any jail. The small number in the Punjab is ascribed to the good sanitary state of the jails and to the precautions taken. Some of the Bombay jail medical officers mention thorough inoculation of the prisoners, and consider it the cause of the comparative immunity of the prisoners, notwithstanding the prevalence of the disease round about, and the finding of dead rats.

71. The admission ratio for scurvy was the same as in the previous year, 1·3 *per mille*. There were 145 admissions, of which 27 *per cent.* were in the Bombay jails, 26 *per cent.* in the Burma jails, and 24 *per cent.* in the Bengal jails, 26 *per cent.* in the Rangoon Central Prison, 13 *per cent.* in the Hyderabad Central Prison, and 11 *per cent.* in the Mymensingh District jail. The medical officer at Rangoon ascribes the prevalence of the disease to the inferior quality of the vegetables produced in the jail-garden during the rains. Extra tamarind and sweet potatoes were issued. The medical officer at Hyderabad says that the prisoners were debilitated by scurvy before a supply of vegetables had grown up; but he does not state whether any preserved antiscorbutics were used in the meantime. In the Andamans systematic efforts were made to place the vegetable supply on a satisfactory footing.



72. There was an increase both in the number of admissions and in the mortality from tubercle of the lungs. The increase was shared by the Andamans, Assam, the North-West Frontier Province, the Punjab, and the Central Provinces. Much the highest mortality ratio was that of the Andamans, and it was more than twice as high as that of the Punjab, which came next. The Andamans, Assam, the United Provinces, the Punjab, the North-West Frontier Province, Bombay, and Madras had all mortalities higher than their quinquennial mean. Some of the increase may be due to the greater attention now paid to the subject. A few remarks on the disease have already been made in the paragraphs treating of the various administrations. In the Andamans the questions of air space and ventilation are evidently of the first importance. In Burma the disease was most marked in the large jails containing long-term prisoners. The open air treatment was more successful in Thayetmyo than in Rangoon, owing to the dry climate of the former. Endeavours were made to make patients use the special receptacles containing carbolic acid solution, and to refrain from indiscriminate spitting. More care in diagnosis is required in order to discover cases early. In the United Provinces the attention of medical officers was drawn to the necessity for isolation of cases and disinfection of sputum. The Inspector-General of the Punjab draws attention to the danger to the free population of released tuberculous patients. Considering the amount of sputum swallowed by phthisical patients and the frequency of intestinal ulceration in men who die in jail of phthisis, the destruction of the stools of such patients, a measure adopted by some medical officers, seems justified. Hillier<sup>1</sup> has endeavoured to estimate the infectivity of phthisis, and the relative importance of dust and cough-spray in the propagation of the disease. Milchner<sup>2</sup> has published a fresh case in which false tubercle bacilli were found in the sputum, the presence of which might have led to error in diagnosis. As a result of his experiments, Prettnner<sup>3</sup> announces that the buffalo is insusceptible to tubercle; and not a sign of tubercle was found in any one of 5,000 buffaloes slaughtered.

The number of cases returned as non-tubercular phthisis was 16, of which 3 were fatal; but it is probable that the tubercle bacillus was not really absent in all of these.

73. There was again a decrease of sickness and mortality from pneumonia. The North-West Frontier Province had the highest death-rate, followed by Bombay and the Punjab. The ratios of the first and third were higher than in 1901 and in the quinquennium. The only other provinces which had ratios higher than both those standards were the Andamans and Assam. All the other provinces had ratios lower than in the quinquennium, and only three of them ratios higher than in 1901. The admission ratio in Indus Valley was slightly less than in 1901, but still much higher than the decennial ratio. Much the highest admission ratios were those of the Sind Gang, the Quetta jail, and the Shikarpur jail, but of these only the Quetta ratio was higher than in the previous year. Barracks with improved ventilation were built at the present camp of the Sind Gang. In the Andamans pneumonia is said to be about four times as common in the southern as in the northern district, and to attack all classes of convicts, but especially elderly men debilitated by malaria or other sickness, and men exposed to heavy rain and chills. In the sputum of more than one case the pneumo-bacillus of Friedlaender, or one resembling it, was observed. Pneumonia cases in Burma were usually isolated for treatment; and the men affected

Pneumonia and other Respiratory Diseases. Appendices N, O, and P. Table XLII.



were chiefly such as had been transferred up-country to stations where the diurnal variation of temperature was great. The Inspector-General of Bengal recognises that pneumonia is a disease eminently fostered by bad ventilation and by overcrowding; and that it is foul, not fresh air which favours its spread. The diminution of pneumonia in the jails of the United Provinces is ascribed by the Inspector-General to the lessened prevalence of influenza. The measures urged upon his officers by the Inspector-General of the Punjab are based upon the strongly held view that the incidence of the disease is largely affected by dirty bodies and foul bedding and clothing, the evil effects of which are aggravated by overcrowding and defective ventilation. It appears, therefore, that the importance of fresh air for the prevention or reduction of pneumonia is widely understood.

Other respiratory diseases were most prevalent in proportion to strength in the Andamans, and then in the Punjab, the North-West Frontier Province and Bengal. Chills in the rains appear to be regarded as the usual cause in the Andamans. Among individual jails, the Lahore Central had again a very high ratio.

74. Once more there was a decrease of dysentery, both as to admissions and Dysentery (4) and Diarrhœa. as to deaths. Only in the Andamans and the North-West Frontier Province was the mortality greater than in the preceding year and the quinquennium. The Burma and Assam ratios though higher than those of 1901 were below the lustral ratios. In all the other provinces the ratios of 1902 were lower than both those standards. The groups with the highest admission ratios were Bengal-Orissa, Assam and the Andamans, and all the jails with admission ratios above 400 per mille (except Pauri, the strength of which was only 11), and many of the other jails with high ratios were in Bengal. The highest admission ratio of the year was 879·8 at Jessore, against 1,031·3 at Hooghly in 1901. In the Andamans the spread of the disease was supposed to take place by means of contaminated soil rather than by water, through flies, from infected clothing, from dirtied floors; and those prone to be attacked were such as were already reduced by malaria or other sickness, or such as were exposed on hard labour to the influences of the weather. Some points regarding dysentery have already been noticed in the paragraphs dealing with administrations. At Bhamo in Burma the medical officer ascribed the fall in dysentery to the adoption of cleaner methods in the cooking and serving of food. The same officer obtained in his cases a serum reaction with Shiga's bacillus, and considered that he had succeeded in isolating that bacillus from the stools of two cases. The reduction in dysentery in Bengal is attributed by the Inspector-General to a recognition of the necessity for prompt and thorough treatment of the disease, to care in cooking and cleaning food, to the careful dieting of newly admitted prisoners, to the provision of a good water-supply, and to the isolation of cases. The "careful dieting of newly admitted prisoners" mentioned by the Inspector-General is an important point, which has lately been emphasized by Assistant Surgeon Nobin C. Dutt in a paper on the relation of "unaccustomed plenty" to the prevalence of bowel-complaints in the Bengal jails. The Inspector-General of the Punjab ventures to think that it ought to be possible to banish the infection so thoroughly from jails that a death from dysentery contracted during imprisonment would be quite an exceptional event. One difficulty is that prisoners are continually bringing in the infection with them.

Medical officers appear to have settled down to the belief that there are two forms of dysentery, the amœbic and the bacillary, and that the latter is the form



which occurs in Indian jails. Shiga's bacillus, priority in the discovery of which is claimed by Chantemesse and Widal in France,<sup>2</sup> has been found in cases in different parts of the world. But from Holland it is reported that cases of sporadic dysentery there occurring are due to a different bacillus,<sup>3</sup> distinguished by a different serum reaction, and in Norway an epidemic was studied in which neither the Shiga bacillus nor an amœba could be found, and in which the blood of the patients did not agglutinate the Shiga bacillus.<sup>4</sup> Again, Duval and Bassett<sup>5</sup> appear to have lowered the specific importance of Shiga's bacillus by showing that it is also the cause of summer diarrhœa in children. The bacillus is closely allied to the enteric and colon bacilli, and has to be carefully distinguished from them.<sup>6</sup> Work is now being done on diagnostic agglutination and serum therapy, and even on the problem of preventive inoculation. The bacillus is said to have been found in the blood,<sup>7</sup> but this appears to be a rarity. Rosenthal<sup>8</sup> found that bacilli in the stools at room temperature were still alive in 8 days, at 0° C. in 12 days; and that agar cultures spread on fruits were alive after 7—8 days. According to Lentz<sup>9</sup>, they are easily killed in the rivalry with other microbes and by disinfectants. In water, milk, butter, cheese they did not usually live more than 8 days; in dry sand or dried on linen than 12 days. Direct sunlight or boiling heat killed them in a few minutes, moist heat at 58° C. in an hour, while they could resist moderate frost for several months. But in moist garden earth, or on damp linen they survived some months being protected from sunlight, from drying, and from rivalry. Carbolic acid solution, 1—20, and mercuric perchloride, 1—20,000 killed them at once; and alcohol, from 1—20 to 1—10, in a few minutes. In last report<sup>10</sup> Shiga was quoted on the differences between the *Amœba dysenteriae* and the *Amœba coli*. Since then Schaudinn<sup>11</sup> has treated of the same subject, naming the two amœbae respectively the *Amœba histolytica* and the *Amœba coli*. He states that bacillary dysentery is diphtheritic, amœbic ulcerative; and suggests that the two may sometimes co-exist. Careful studies of amœbic dysentery and its differentiation from bacillary have been published by Captain L. Rogers, I.M.S.,<sup>12</sup> who states, *inter alia*, that the lesions of amœbic dysentery are usually in the upper part of the large intestine, and that the common type of dysentery in Calcutta is the bacillary.

The mortality from diarrhœa was somewhat increased. Between dysentery and diarrhœa the line is not very clearly drawn in jails. The highest admission ratio was 428·2 at Hooghly, but Darbhanga, Jhang and Saugor had ratios over 250 per mille of strength.

75. Nine cases of beri-beri were reported: five from Burma and four from Madras. The occurrence of epidemic dropsy was reported only from the Barisal jail. After an absence of years the disease had re-appeared in Calcutta in 1901. Lieutenant-Colonel Cobb, Indian Medical Service, has published an account of the disease as it was observed at Barisal. An epidemic of catarrhal jaundice was reported from the Buxar Central Prison. The causation was not ascertained. The outbreak was considered to be probably of the nature of Weil's disease, but no bacteriological investigations are recorded.

76. In the Dacca Prison 371 prisoners, out of 559 examined, had intestinal parasites, 191 *Trichocephalus*, 87 *Ascaris*, 79 *Ankylostomum*, 2 *Oxyuris*, 12 other worms.

77. Of 1,194 new prisoners admitted into the Cuttack jail, 2·6 per cent. had elephantiasis, filariasis, elephantiasis in some form, and embryos of the filaria which causes the disease were found in 26 per cent. of the affected. Hydrocele was present in 22 per cent. of newly admitted prisoners.

and in 24 out of 100 cases examined filarial embryos were found in the blood, but in three cases only were the embryos found in the fluid of the hydrocele.

78. Cases of guinea-worm were, as usual, most frequent in the jails of the Deccan and Southern India; and, as usual, the administrations with the greatest number of cases were Bombay, Madras and the Punjab. The Dhulia and Yerrowda jails had 54 and 51 cases respectively, the highest number for individual jails.

79. The Andamans and the North-West Frontier Province returned not a single death from anæmia and debility; and the ratio was diminished in every province except Burma, Bengal, and Madras. The *post mortem* records show that there are still some cases so returned which ought to have been returned under a definite disease, the original entry having been carelessly allowed to stand after the autopsy had revealed the true lesion.

#### Papers and Books referred to in Section IV.

*For explanation of abbreviations see end of Section II.*

- (1) Koch and others in Z. H. XLIII. 1, pages 1-238; reviewed in D. M. W. XXIX, No. 28. Literatur Beilage page 171; <sup>2</sup> L. of 27th June 1903, page 1827.
- (2) <sup>1</sup>Jaeger in C. B. XXXIII, No. 1, page 23; <sup>2</sup>Lepierre in J. P. P. G. V., page 527; <sup>3</sup>Albrecht and Ghon in C. B. XXXIII, No. 7, page 496; <sup>4</sup>Weichselbaum in C. B. XXXIII, No. 7, page 510; <sup>5</sup>Jaeger in C. B. XXXIII, No. 9, page 681; <sup>6</sup>Weichselbaum in C. B. XXXIII, No. 7, page 531; <sup>7</sup>Sorgente reported in J. P. P. G. IV, No. 6, page 1168; <sup>8</sup>Salomon reported in J. P. P. G. V. No. 1, page 193; <sup>9</sup>Balthazard in J. P. P. G. V No. 1, page 140.
- (3) <sup>1</sup>Hillier in B. M. J. of 14th March 1903, page 593; <sup>2</sup>Milchner reported in D. M. W. XXIX, Vereins-Beilage, page 130; <sup>3</sup>Prettner reported in H. R. XIII, page 568.
- (4) <sup>1</sup>Dutt in I. M. G. of May 1903, page 163; <sup>2</sup>Shiga in D. M. W. XXIX, No. 7, page 113; Chantemesse and Widal in D. M. W. XXIX, No. 12, page 204 reported in J. P. P. G. V., page 589; see also Vaillard and Dopter in A. P. XVII, page 463; <sup>3</sup>Spronck reported in J. P. P. G. V, page 596; <sup>4</sup>Geirsvold reported in H. R. XIII, page 501; <sup>5</sup>Duval and Bassett in C. B. XXXIII, No. 1, page 52; <sup>6</sup>Klopstock reported in J. P. P. G. IV, page 1169; <sup>7</sup>Rosenthal in D. M. W. XXIX, No. 6, page 97; <sup>8</sup>Rosenthal as above; <sup>9</sup>Lentz in Kolle and Wassermann's *Handbuch der pathogenen Mikroorganismen*, page 319 *et seq.*; <sup>10</sup>S. C. I. 1901, page 27; <sup>11</sup>Schaudinn in A. K. G. A. XIX, page 570; <sup>12</sup>Rogers in B. M. J. of 6th June 1903, page 1315.





## SECTION V.

# VITAL STATISTICS OF THE GENERAL POPULATION.

80. In 1902, the total number of births recorded among the populations under registration in the British Provinces of India was 8,791,214, a number little short of the aggregate populations of Scotland and Ireland. The birth-rate in 1902 was 39·38 per thousand as compared with 34·60 in 1901. In every province except Lower Burma, the birth-rate in 1902 was higher than in the preceding year; in most provinces the increase was considerable, and in two, Berar and Ajmer-Merwara, enormous. In every province, except three, the number of recorded births exceeded the deaths, the excess ranging from 24·1 per 1,000 of population in Berar and 22·46 in the Central Provinces, to 5·20 in Assam and 3·22 in Ajmer-Merwara. In the Punjab, where the death-rate from plague alone was 8·52 per mille, the death-rate was 3 per thousand higher than the birth-rate, and in Bombay where the plague death-rate was 10 per mille, the death-rate exceeded the birth-rate by 4·88 per thousand. In the small province of Coorg, the death-rate was 3·14 higher than birth-rate, not because deaths were excessively numerous, but because the number of births recorded was small.

The percentages of male to female births ranged from 100·77 in Coorg and 104·1 in Madras, to 121·9 in the North-West Frontier Province and 126·84 in Sind, the percentage in each province being fairly characteristic of the province,\* but it is noteworthy that in a year of high birth-rates in every province except Sind and the North-West Frontier Province, in the latter of which the percentage was the same as the mean of the ten years 1891-1900, the percentage excess of males was below the average.

81. The number of deaths recorded was 7,112,336, a number nearly equal to the populations of Sweden and Norway. The death-rate was 31·49 per mille as compared with 29·46 in 1901. In all provinces except Madras, Burma, Coorg and Ajmer-Merwara, the death-rates in 1902 were higher than in the preceding year, and in every province, except Assam, where the towns are merely large villages, the urban were higher than the rural death-rates.

The smallest number of deaths recorded in any one month was 458,898 in July, in which month the minima were recorded in the United Provinces, the Punjab, the North-West Frontier Province, the Central Provinces and Ajmer-Merwara; while the largest number was 755,824 recorded in December, the month in which the maxima were recorded in Bengal and Bombay.

In the United Provinces, the Punjab, the North-West Frontier Province, Coorg, Bombay and Ajmer-Merwara, the death-rates of females were higher than the death-rates of males; but only in the Punjab was the excess of mortality among females considerable.

In statement VI of the appendices to this section, in which are given death-rates in the various provinces by ages, it will be observed that the figures showing infantile mortality are in some cases exceedingly large. This is due to the fact that the ratio is calculated upon the census population, and it is obvious if, at the time of the census, the population of infants in any province was low, a year in which the birth-rate is high will be marked by a high ratio of deaths with reference to

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\* *Vide* this report for 1901, page 66.



the census population. Thus, to take an extreme instance, in 1900, the year before the census was taken, the number of births recorded in Berar was 89,302, while in 1902 the number was 154,954; in 1902, the death-rate of infants, calculated on the census figure was 620·1 per 1,000 among males and 523·3 among females, whereas the corresponding figures, calculated upon the numbers born during the year, were 203·8 and 182·9.

82. In 1901, a column showing the numbers of deaths from plague was introduced into the standard forms appended to the provincial Sanitary Reports, and in 1902 another column was added to shew deaths from diseases of the respiratory organs. It is inevitable, owing to the nature of the reporting agency, that the column regarding respiratory diseases should not represent the actual facts, and the death-rate under this heading in all the provinces except three, ranged from ·82 per 1000 in the Central Provinces, ·32 in both the North-West Frontier Province and Lower Burma, to ·07 in Bengal. In three provinces the rates were much higher, Bombay 3·21, the Punjab 2·84 and Berar 1·6, and it should be remarked that the plague death-rates in these provinces were the highest and stand in the same relation to each other as the reported death-rates from respiratory diseases.

83. It was represented that, owing to the ignorance of the reporting agency and the similarity in many places of the vernacular names, deaths from measles were frequently reported as deaths from small-pox. As an experimental measure arrangements were made in all provinces, except Madras, to introduce, where such did not already exist, columns into the district returns to shew separately deaths from measles and chicken-pox. It seems, however, that there is some danger that deaths from small-pox may be returned as deaths from measles.

In the following paragraphs will be found the principal details of registration in the different provinces.

84. In 1902 the number of births registered in the 720 registering circles in Bengal was 2,987,800, or 116,994 more than in the previous year, and the birth-rate was 40·14 per thousand as compared with 38·57, and a quinquennial average of 37·19. In 26 of the 46 districts the birth-rate was over 40 per mille, the highest rates being 53·10 in Noakhali, 49·36 in Dinajpur and 47·28 in Malda; in four districts the birth-rates were below 31 per mille, Midnapore 30·84, Pabna 30·16, Hooghly 30·07 and Calcutta 14·29. Calcutta is, of course, an urban district, but the birth-rate is little more than half the average of the other Bengal towns, 28·11. Including Calcutta, the birth-rate in the towns of Bengal was 24·95 per mille, against 40·93 in rural areas. In certain of the smaller towns, however, very high birth-rates were recorded, notably in Jamalpur, 74·52, Tikari, 59·34, Sahibganj, 57·81, Monghyr, 55·85 and Revelganj, 50·79. The average percentage of male to female births was 105, ranging from 102 in six districts, to 109 in Howrah and Hooghly, 110 in Calcutta, 111 in Pabna and 112 in Darjeeling, all districts in which the recorded birth-rates were very low.

The number of deaths recorded in 1902 was 2,488,428, or 178,004 in excess of the total of 1901. The death-rate was 33·43 per mille, as compared with 31·04 in 1901, and 30·53 the average of the previous five years. By far the highest district death-rate was 50·09 registered in Nadia; this was followed by rates of 43·35 and 42·54 in Faridpur and Jessore, respectively. The three lowest district rates were recorded in Ranchi 25·22, Tippera 23·15 and Sonthal Parganas 21·02. The average death-rate in the towns was 35·98, or 2·68 per



mille higher than the average in rural areas. In 18 towns, including Hooghly and Chinsura (56·05) and Pabna (55·67), the death-rates were over 50 per 1,000, the highest rates being 105·72 recorded in Barh, a town of 12,000 inhabitants in the Patna district, 65·23 in Revelganj, a small town in Saran, and 64·13 in Chapra, a town of about 46,000 inhabitants, also in Saran. In most of the towns, where the death-rate was excessive, plague was present.

The death-rates among infants were 301·80 and 254·05 per 1,000 living of males and females, respectively; among children between one year and five years of age the rates were 50·67 among males and 44·28 among females. At all age periods the male death-rates were the higher, the average death-rates being 35·36 and 31·50 among males and females, respectively.

Among the various sects the lowest death-rate was registered among Christians, 19·36, followed by 21·14 among Buddhists and 28·27 among other classes. Hindus and Muhammadans died at the rates of 33·40 and 34·0, respectively.

The number of European seamen who arrived in the Port of Calcutta was 20,146, the daily average population in the Port being 1,154. The number of deaths reported was 23, including 13 from cholera, equal to a total death-rate of 19·93 as compared with 16·52 in 1901. The estimated floating native population of the Port was 25,630 among whom 138 deaths, including 63 from cholera, were reported, equal to a total death-rate of 5·37 against 5·34 in 1901.

85. The number of births registered in Assam in 1902 was 180,475, as compared with 179,289 in the preceding year, and the birth-rate was 34·21, against 33·98 in 1901, and the quinquennial mean of 32·21.

The highest district birth-rate was as usual recorded in Goalpara, 45·23 per thousand, and following this were birth-rates of 37·15 and 35·58 in Sylhet and Cachar, respectively; the lowest rate was 24·46 in Sibsagar. The percentage of male to female births ranged from 112·24 in Nowgong to 101·68 in Cachar, the mean being 106·66.

The recorded deaths numbered 153,070, or 6,131 more than in 1901, and the death-rate was 29·01 against 27·85 in the previous year, and 33·90, the mean of the previous five years. In the districts the death-rates ranged from 35·72 in Darrang, to 18·14 in Sibsagar. In the towns the mean death-rate was 28·52, against 29·03 in rural areas; and in the towns the recorded rates varied much more than in rural areas, from 46·73 in North Lakhimpur to 15·86 in Sunamganj.

It may be noted that the most populous of the 19 towns in Assam contains only 13,893 inhabitants, and only three others contain over 10,000.

Among Christians the death-rate was 14·13, among Hindus 23·77, among Muhammadans 34·93, and among other classes 44·79.

Male infants died at the rate of 198·53 per 1,000 living at the time of the census, and female infants at the rate of 179·61. Children over one year of age and under five, died at the rates of 35·75 and 35·24 per 1,000 among males and females, respectively. At all age periods, save 15-20 and 20-30, the male death-rates were the higher, the means being 29·46 among males and 28·54 among females.

86. The mean annual strength of the labour force in Assam in the twelve months ending the 30th June 1903 was 644,045, of which total 60·23 *per cent.* were employed in the Assam Valley and 39·77 in the Surma Valley. The birth-rate was 30·8 per thousand of the total number, and 98·6 per 1,000 adult females, a slightly lower figure than the birth-rate calculated on the number of births registered per 1,000 adult females in the general population.

Tea gardens.



The total number of deaths among the coolies was 16,376, including 1,024 from cholera, 1,571 from diarrhœa, 2,516 from dysentery, 2,612 from malarial fever, 2,150 from anchylostomiasis, and 1,928 from respiratory diseases.

The number of gardens which was 812 at the beginning of the year fell to 788 before its close, and among them 11 only were classed as unhealthy, that is, showed a death-rate of 70 per mille or over.

The number of deaths among all classes of immigrants during their transit between the port of embarkation and their destination in the Assam Valley was 57, including 42 from cholera. Among the immigrants to the Surma Valley there was no death on the railway, and only one among the coolies who travelled by steamer.

87. The number of births recorded in the United Provinces reached a total of 2,186,201, or 214,070 more than in 1901, and the birth-rate was 45·84 per mille, against 41·35 in the previous year, and 39·65, the mean of the previous five years. Among the districts the three highest birth-rates were recorded in Hamirpur, 56·74, Shahjahanpur, 55·84, Pilibhit, 54·97; and the three lowest in Ballia, 37·28, Naini Tal, 35·11, and Dehra Dun, 30·04. The mean birth-rate of the towns was 43·35, ranging from 63·03 per mille in Ujhani, to 23·79 in Mirzapur-Bindachal, 21·21 in Naini Tal and 14·0 in Mussoorie. The percentage of males born to females born was 117·64 in Dehra Dun and in the other districts it varied between 110·70 in Muttra and 101·98 in Garhwal, the average for the province being 107·25.

The deaths registered during 1902 numbered 1,552,046, as compared with 1,445,035 in the preceding year, and the death-rate was 32·54 per mille, against 30·30 in 1901, and the quinquennial mean of 32·48. The highest district death-rates were 49·50 in Cawnpore, 43·78 in Naini Tal and 43·06 in Meerut, while the lowest were 23·80, 24·33 and 24·60 in Azamgarh, Gorakhpur and Almora, respectively. In rural areas the average death-rate was 31·46, while in the towns the average was 46·69, ranging from 104·94 in Cawnpore, and 78·60 in Jaunpore, to 23·32 in Balrampur and 18·29 in Basti. The lowest death-rate in the year was recorded in July, the highest death-rates in October and November.

Christians are reported to have died at the rate of 10·36 and "other classes" at the rate of 13·92. The Muhammadan death-rate was 33·27, and the Hindu 32·55.

The death-rate of infants was very high, 374·97 and 348·53 among males and females, respectively. Boys and girls over one and under five, died at nearly the same rates, 59·01 and 59·49 respectively. In the age periods 10-15, 15-20, 20-30 the female rates were higher than the male rates, the average death-rates of the sexes being almost identical, 32·54 and 32·55.

88. In 1902 there were 880,477 births registered in the Punjab against 712,533 in the previous year, and the birth-rate was 43·8 per mille, as compared with 35·4 in 1901, and the quinquennial mean of 40·0. In ten of the districts the birth-rate was over 45 per thousand, the highest rate being 54·4 in Sialkot, 52·1 in Gujrat and 49·0 in Gurdaspur; and in only two districts were the rates below 35, namely, Dera Ghazi Khan, 34·9 and Simla, 19·1. The percentage of male and female births was 110·4: in Dera Ghazi Khan the percentage was 120·2; in the other districts it varied between 115·2 in Simla, 115·0 in Mianwali and 105·5 in Ludhiana.

The number of deaths recorded was 886,973, or 160,362 more than in 1901, and the death-rate rose from 36·1 per mille in the preceding year to 44·1, which is 10·4 per mille higher than the quinquennial mean.



In some of the plague-stricken districts the rates were very high, notably in Ludhiana, 103·9, Sialkot, 66·7, Umballa 66·6, Jullundur 54·8 and Gurdaspur 51·0; in others from which plague was absent, the death-rates were low, *e.g.*, Dera Ghazi Khan 24·2, Montgomery 23·4 and Simla, 21·3.

In rural areas the average death-rate was 43·53 per thousand, against 49·39 in the towns. Among the latter death-rates of over 100 per mille were recorded in six, namely Khanna 177·44, Jagraon 152·99, Raikot 136·81 and Machiwara 132·61, all in Ludhiana, Jamke in Sialkot, 142·79, and Rupar in Umballa, 111·61. In all cases the excess death-rate was due to plague. In a few towns the recorded death-rates were very low, the lowest being 18·93 in Kot Mithan, 17·49 in Leiah and 15·75 in Montgomery.

The monthly death-rates were at their highest in March, 5·64, and April, 5·52, and at their lowest in June, 2·47, July, 2·07, August, 2·39 and September, 2·56.

Among the sects by far the lowest death-rate was recorded among Christians, 23·74 per mille, and the highest among "other classes", 50·29. Muhammadans and Hindus died at the rates of 41·88 and 46·75, respectively.

Male infants died at the rate of 316·44 per 1,000 living, and females at the rate of 320·76. Children over one year and under five years of age died at the rates of 62·16 and 65·93 among males and females, respectively. In all age periods the females death rates were the higher, the average death-rate of males being 41·1, and of females 47·6 per thousand.

89. The number of registered births in the North-West Frontier Province was 66,904, or 6,491 more than in 1901, and the birth-rate was 33·6 per mille, as compared with 29·5 in the previous year, and an average of 30·7 recorded in the previous five years in the districts of which the province is made up. The highest district rate was 37·7 in Dera Ismail Khan, and the lowest 31·8 recorded in two districts, Hazara and Peshawar. The average percentage of male to female births was 121·9.

There were 48,624 deaths registered against 39,208 in 1901, and the death-rate was 24·4 per thousand as compared with 19·2 in the previous year and a quinquennial mean of 23·7. Although the death-rates in the districts varied much, from 33·3 in Kohat to 20·7 in Hazara, no rate was very high, and there were only four deaths from plague during the year.

The rural death-rate was 24·14 against 27·57 in the towns, among which the rates ranged from 35·18 in Dera Ismail Khan, to 17·97 in Abbottabad.

Muhammadans and Hindus died at the rates of 24·92 and 21·67, respectively; and the death-rates of Christians and other classes are given as 4·14 and 2·51.

Male infants died at the rate of 180·22 and female infants at the rate of 145·00 per thousand living, respectively. Children between the ages of one year and five years died at the rates of 43·59 and 42·87 per thousand respectively. The female death-rate was higher than the male in every age period except 0-1, 1-5, and 50-60.

90. The number of births registered in the Central Provinces, including *samin-*  
Central Provinces. *daries*, in 1902 was 471,774, or 191,776 more than in 1901, and the birth-rate reached the high figure of 48·29 per thousand, as compared with 28·83 in the preceding year. The highest birth-rate 76·34 per mille was reported from the Bilaspur *samindaries* and the lowest 38·55 from the British territory in the same district, a contrast with which redistribution of the population after the famine, during which the census was



taken, has probably much to do. In the other districts the rates ranged from 59·89 per mille in Wardha and 58·51 in Nimar, to 40·04 in Raipur and 40·14 in Sambalpur.

The percentages of male to female births varied from 107·77 in Nagpur, to 100·68 in Murwara, the mean percentage being 104·78.

The deaths numbered 252,279 against 227,853 in 1901, and the death-rate was 25·82 against 23·46. In no district was the death-rate excessive, and in some the rates were very low, the extremes being 38·95 in Burhanpur (plague 7·95) and 18·99 in Bilaspur, (*khalsa*).

The rural death-rate was 25·23 against 32·42 in the towns, in a few of which plague occurred, notably, Burhanpur, total death-rate 55·67, (plague death-rate 19·37) and Jubbulpore, total death-rate 44·79, including 2·87 from plague. In the other towns the rates ranged from 42·13 in Kalmeshwar, in Nagpur, and 12·52 in Mandla.

The death-rate of Muhammadans was 32·18 per mille, of Hindus 22·70, and of "other classes" 43·21.

The death-rate of infants, calculated upon the census population of infants, was 492·91 among males and 431·12 among females, but calculated on the numbers of births registered during the year the rates were 224·14 among males and 201·95 among females.

Boys between the ages of one year and five died at the rate of 32·84, and girls at the rate of 29·23 per thousand. At all periods, save 15-20, the male death-rates were the higher, the average death-rate among males being 27·55, and among females 24·15.

91. A combination of favouring circumstances resulted in the birth-rate being the highest ever recorded in Berar; 154,954 births were registered against 83,762 in 1901, and the birth-rate was 56·9 per mille against 30·8 in the previous year, and 38·2, the mean of the previous five years.

In every district the rates were very high, ranging from 62·7 in Buldana to 53·2 in Amraoti. The rural birth-rate was 58·3 per mille against 49·1 in the towns. The mean percentage of male to female births was 104·7, varying between 108·1 in Ellichpur, and 102·3 in Wun.

The recorded deaths numbered 89,153, or 14,073 more than in 1901, and the death-rate was 32·8 per thousand, as compared with 27·6 in the previous year, and the quinquennial mean of 46·7.

The district death-rates varied considerably, Buldana 41·0, and Basim 28·7, furnishing the extremes. In rural areas the death-rate was 32·0 per mille, against 36·6 the average in the towns. In a few of the latter the death-rates were very high, Khamgaon, in Akola, 99·3 per mille, of which 64·3 per mille was due to plague, Shegaon, in the same district, 53·6, of which 22·9 was due to plague, and Chikhli in Buldana, 48·2, of which 11·5 was due to plague, being the most conspicuous. In only five towns were rates below 25 per mille registered, namely, Ner Pinglai 24·8, Mangrul Dastagir 24·7, Wun 24·4, Pusad 24·0 and Talegaon 23·9.

Among Muhammadans and Hindus the death-rates were, respectively, 32·2 and 32·7, and among Christians and other classes 14·6 and 37·0.

Owing to the small population of infants at the time of the census and the enormous birth-rate of the year, the infantile death-rates computed upon the census figures were very high, 620·1 and 523·3 for male and female infants, respectively; but computed upon the number of births recorded during the year those death-rates were only 203·8 and 182·9.



The death-rate of boys over one year of age and under five was 62.5, and of girls 56.2. In the age periods 10-15, 15-20, 20-30, and 30-40 the female death-rates were the higher, the average for the sexes being 33.5 and 32.1 among males and females, respectively.

92. In 1902 the number of births registered in Madras was 1,023,146, as compared with 935,749, in the preceding year. In 1902 the birth-rate was 28.2 per mille, against 25.1 in the previous year and 28.9, the average of the previous five years. In the districts the birth-rates ranged from 34.9 in Madras town district and 33.6 in Tinnevely, to 22.8 in Ganjam and 22.4 in North Arcot. In rural areas the average birth-rate was 28.1, or 1.1 per mille less than in the towns.

The mean percentage of male to female births was 104.1, ranging from 110.0 in the Nilgiris, 108.6 in Ganjam and 105.5 in North Arcot and Tanjore to 100.0 in Nellore. In the towns the mean percentage was 105.7.

The recorded deaths numbered 732,437, or 63,703 fewer than in 1901, and the birth-rate was 20.2 per mille, as compared with 21.3 in the previous year, and 22.2 the mean of the previous five years.

By far the highest death-rate was registered in the Madras town district, where the people died at the rate of 42.4 per thousand. After Madras came Bellary with a death-rate of 32.6. Among the other districts, death-rates varied between 26.3 in the Nilgiris, and 15.1 in Vizagapatam and 11.9 in Ganjam. In rural areas the mean death-rate was 19.3, or 8.9 less than the mean rate in the towns, which was 28.2. In Vaniyambadi, a town of about 12,000 inhabitants in the Salem district, the death-rate was 128.9, including rates of 80.1 from plague, 3.7 from cholera and 2.7 from small-pox. In Adoni, in the Bellary district, the death-rate was 56.5, including 28.9 from plague and 6.3 from cholera. In Hospet, also in Bellary, the death-rate was 48.9, including 34.1 from plague and 1.0 from cholera. In Bellary the death-rate was 48.0, including 24.0 from plague and 1.2 from cholera. In the remaining towns the rates ranged from 42.0 in Yemmiganuru to 5.1 in Vempalli, a town of about 10,800 inhabitants in Cuddapah, and 3.4 in Nellikuppam in South Arcot.

While Muhammadans died at the rate 21.2 per 1,000, Hindus at the rate of 20.4 and Christians at the rate of 18.1, the registered death-rate among 1,559 included among "other classes" was only 3.9.

The death-rate among male infants was 169.0 per 1,000 living at the time of the census, against 140.9 per 1,000 among female infants. Boys and girls over one year and under five years of age died at the rates of 28.1 and 26.5, respectively. At the age period 10-15, the death-rates of the sexes were equal; at all age periods except 15-20 and 20-30 the male death-rates were the higher, the mean rates being 20.8 among males and 19.5 among females.

93. In the small province of Coorg, in 1902, there were registered 4,319 births, equal to a birth-rate of 23.91 per 1,000, against 18.83 in 1901 and a quinquennial mean of 20.67. In the districts the rate ranged from 31.20 in Padinalknad to 17.76 in Yedinalknad. The percentage of males born to females was 100.98.

The number of deaths recorded was 4,887 and the death-rate fell from the quinquennial mean of 35.25 per thousand, and 36.49 in 1901, to 27.06 in 1902. The highest district death-rate was 29.80 in Nanjarajapatna Taluk, and the lowest 24.16 in Yedinalknad; the urban rate being 36.92, against 26.15 in the country.



The death-rate of male infants was 167·99 per mille and of females 151·53. At the age periods 10-15, 15-20, 20-30, 30-40 and 60 and over, the female death-rates were the higher, and the mean death-rates of the sexes were 26·87 among males and 27·31 among females.

94. In Bombay in 1901 the number of births recorded was only 465,647, equal to a birth-rate of 25·19 per mille; but in 1902 there was a great increase, the number of births rising to 631,393 and the birth-rate to 34·16, which is 3·59 per mille in excess of the quinquennial mean.

Bombay.

Khandesh heads the list of districts with the high birth-rate of 52·93 per mille, and this it may be noted, in spite of the prevalence of plague which caused a death-rate of 17·58 per thousand. The next highest birth-rates were 44·67 and 44·46, in Ahmednagar and Panch Mahals, respectively. As usual, the lowest birth-rates were recorded in the Sind districts, Thar and Parkar with a birth-rate of 16·54 being the lowest.

In the country the mean birth-rate was 35·23, against 27·09 in the towns. The mean percentage of male to female births in the whole presidency was 107·80; but in Bombay proper the percentages varied between 109·40 in Ahmedabad and 100·27 in Bijapur; whereas in Sind the percentages ranged from 136·64 in Hyderabad to 116·78 in Karachi.

The number of deaths recorded in 1902 was 721,462, or 35,328 more than in the previous year, and the death-rate was 39·04 per mille against 37·12 in 1901 and a quinquennial mean of 42·40. Excluding the town district of Bombay City, in which the death-rate was 63·13, the highest death-rates were 58·29 and 58·07 recorded, respectively, in Kaira and Dharwar; and the lowest were 20·22 in Sukkur, 18·77 in Ratnagiri and 17·66 in Upper Sind Frontier. In rural areas the mean death-rate was 35·85, but in the towns, many of which suffered terribly from plague, the mean was 60·22, ranging in individual towns from 185·22 in Yeola in Nasik and 153·14 in Gokak in Belgaum, to 15·04 in Vengurla in Ratnagiri, 14·34 in Ahmedabad cantonment and 10·61 in Ahmednagar cantonment.

Hindus died at the rate of 41·68, Muhammadans and Parsis at the rates of 30·04 and 27·30, respectively, and Christians and "other classes" at the rates of 25·31 and 23·98.

The death-rates of infants calculated upon the census population were 318·47 and 286·11 per thousand, and of boys and girls over one year and under five years of age, 44·79 and 43·90, respectively. Although at all age periods except 5-10, 10-15 and 15-20 the male death-rates were the higher, the mean death-rate of males was 38·77 per 1,000 against 39·32 per 1,000 among females.

95. The number of births recorded in Lower Burma in 1902 was 175,106, or 2,759, less than in 1901, the slight decrease being probably due to a relaxation of energy in the supervision of the inspection of registers. The birth-rate was 31·57 or ·5 per mille less than in 1901, and about 3 per mille less than the quinquennial mean, which, however, is calculated in respect of four years on a population about 21 *per cent.* smaller than that on which the rates for 1902 are calculated. Among the district rates, over 40 per mille were registered in Tharrawaddy (40·80) and Sandoway (40·09), the remainder ranging from 38·53 in Henzada, to 23·04 in Toungoo and 14·11 in the Rangoon Town district. The rural birth-rate was 32·52, as compared with a mean of 24·46 in the towns, in which, with two exceptions, the birth-rates varied between 42·91 in Allanmyo and 17·32 in Akyab. The exceptions were the little town of

Lower Burma.

Zigon, in which the highest birth-rate, 89·73, of 1902 was registered and the town of Rangoon, in which again the lowest birth-rate is recorded. The percentage of males to female births was 107, but the variation in the districts was considerable, from 111 in Pegu, to 103 in Henzada and 102 in Rangoon Town district.

The recorded deaths aggregated 117,386 against 120,565 in 1901, and the death-rate was 21·16 per mille against 21·74 in 1901, and a quinquennial average of 25·79. By far the highest district death-rate was 33·57 registered in Rangoon town, and this is followed by a rate of 26·13 in Sandoway; in the remaining districts the death-rates varied from 23·86 in Pegu to 15·21 in Mergui. The rural death-rate was 19·97, nearly 10 per 1,000 lower than the mean urban rate which was 29·93, ranging from 54·51 in Zigon and 43·86 in Kyaiklat, to 20·70 in Tavoy and 10·93 in Mergui.

Christians and Muhammadans died at the rates of 12·13 and 16·40 per thousand; Buddhists and "others" at the rates of 21·59 and 19·42; and Hindus died at the rate of 24·16.

Male infants died at the rate of 307·47 per 1,000 living at the time of the census, and females at the rate of 221·89. Boys and girls between the ages of one year and five years died at the rates of 26·13 and 22·46, respectively. At all age periods the male death-rates were the higher, the mean death-rate of males being 22·37 and of females 19·81.

96. In thirteen towns in Upper Burma both births and deaths are registered, and in the districts, of which, however, the population figures are not available, deaths are registered.

Upper Burma.

The mean birth-rate in the towns was 38·0 per 1,000, the rates ranging from 57·01 in Kyaukse to 20·42 in Minbu; and the mean death-rate was 29·95, the same towns, Kyaukse (43·73) and Minbu (14·19), furnishing the extremes.

97. The number of births recorded in Ajmer-Merwara in 1901 was only 7,679, but in 1902 the number rose to 17,207 equal to a birth-rate of 36·08 per mille against 16·10 in 1901, and a quinquennial mean of 28·13. The percentage of male to female births was 115·25 as compared with 119·15 in 1901, and 123·79 in 1900.

Ajmer-Merwara.

The deaths in 1901 numbered 15,798, and in contrast to the vast increase in the number of births, the number of deaths in 1902 fell to 15,672, equal to a death-rate of 32·86 as compared with 33·13 in 1901, and a quinquennial mean of 52·11. The rural death-rate was 29·88, while the mean death-rate in the towns was 40·85.

Hindus and Muhammadans died at the rate of 35·05 and 31·49 per thousand, respectively.

Male and female infants died at the rates of 219·15 and 214·41 per thousand registered births. In the age periods 15-20, 20-30 and 30-40 the female death-rates were the higher, the mean death-rates of the sexes at all age periods were 32·73 among males and 33·01 among females.





## SECTION VI.

# GENERAL POPULATION.

### HISTORY OF THE CHIEF DISEASES.

98. The number of deaths from cholera recorded in British territory during 1902 was 224,136, equal to a death-rate of 1·01 per 1,000 of the total population under registration. If the deaths recorded in the native states from which returns were received be added, (statement I) the total amounts to 225,885. In the previous year 271,210 deaths from cholera were recorded in British territory, giving a ratio of 1·21 per 1,000 of population, so that during the year under review a considerable reduction in the mortality from this disease occurred ; and, as compared with 1900, when no less than 797,222 deaths from cholera were recorded in the British Provinces alone, the decrease during 1902 was very great. Although the disease was, on the whole, more prevalent during the first-half of the year than the second, the month of least prevalence during the whole year was February. From April, which was the month of maximum prevalence, a steady fall in the number of deaths recorded each month occurred until the end of October, the mortality again increasing in November and December. The disease was most prevalent during the year in Assam, Bengal, and Madras ; but in all the provinces except Bengal, Assam, and the Punjab, the mortality was less than in the previous year. The North-West Frontier Province and Coorg were quite free from cholera and the Central Provinces nearly so.

99. The number of deaths attributed to cholera in Assam during 1902 was 12,658, a ratio per mille of 2·40 of the last census population, and the highest ratio among the provinces for the year. In the previous year, 7,468 deaths were recorded from cholera in this province, so that the increased prevalence of the disease during the year under review was considerable ; though the number of deaths and the death ratio were still considerably below the average figures for the past sixteen years. The chief outbreak occurred in the Sylhet district, where there were recorded 8,804 deaths from this disease as compared with 2,805 in 1901. The Goalpara, Darrang and Nowgong districts, which were so severely visited in 1900, were again, as in 1901, comparatively free from cholera in 1902 ; in the Nowgong district, where the death-rate in 1900 was 24·95 per mille, the death rate in 1902 was only ·08 per mille. A severe outbreak occurred in the Sunamganj and Habiganj subdivisions in September, and lasted until the end of December. A similar outbreak had occurred in these subdivisions in 1900. Except in the Sylhet district, the rates in tea gardens were everywhere higher than the registered general rates. In the Surma valley, however, out of a labour population of 273,939 the number of deaths recorded was 467, giving a ratio of 1·70 per mille as compared with a ratio of 3·86 in the remainder of the valley. In the Brahmaputra valley the rates for tea gardens and for the rest of the valley were 1·89 and 1·01 per mille, respectively.



The number of tea-garden cooly immigrants increased slightly as compared with the previous year, but the death-rate among them while in transit from Goalundo to the port nearest to the place of their employment fell from 2·6 per mille to ·9 per mille, which shows, in the provincial Sanitary Commissioner's opinion, that greater precautions are taken on the steamers, and greater care exercised not to embark infected coolies. As low and lower rates have, however, been recorded even as far back as 1890 and 1893.

100. In Bengal in 1902 the total number of deaths recorded as due to cholera was 150,971, or 2·02 per mille of the population, as compared with 110,753 or 1·48 per mille in 1901. The disease appeared in every district during 1902, attacked 22,642 villages and assumed an epidemic form in 67 registering circles, as compared with 43 in 1901. The highest district ratios were those of Muzaffarpur, 24-Parganas, Howrah, Nadia, and Faridpur, while Ranchi and Darjeeling were the least affected of all the districts. As compared with 1901 the incidence of the disease during 1902 was higher in all but eleven districts. The highest municipality and town death ratios were 27·46 per mille in Sitamarhi in the Muzaffarpur district, 16·31 in Kotrung and 12·34 in Baidabati, both in the Hooghly district. The ratios of 27 other towns ranged from 5 to 11·67 per mille. The provincial Sanitary Commissioner offers no remarks on the increased prevalence of cholera during 1902. In twenty districts during the cholera outbreaks, the tanks and wells used for drinking purposes were disinfected with permanganate of potassium, and the Sanitary Commissioner remarks that though in most places no systematic record of results was kept, the measure is generally said to be attended with beneficial results. Among the European seamen of the port of Calcutta there were 13 deaths from cholera, and there were 63 among the native floating population.

101. Although in 1902 the cholera death-rate in the United Provinces was the fourth highest among the provinces, the mortality from this disease was considerably less than in 1901. The total number of deaths from cholera recorded was 25,160, giving a ratio of ·53 per mille of population, as compared with a total of 53,995 and a ratio of 1·13 during 1901. The disease caused the greatest number of deaths in May and the fewest in February. The highest district death-rates in order were those of Banda, Garhwal, Naini Tal, Basti, Fyzabad, and Allahabad, and the highest town mortalities those of Banda (14·8 per mille), Kashipur (11·14 per mille), and four other towns with ratios ranging from 5·48 to 3·08. In 57 towns no death from cholera was recorded.

102. Although cholera was slightly more prevalent in the Punjab during 1902 than during 1901, the province was, as in the previous year, almost entirely free from the disease. The total number of deaths recorded was 371, giving a ratio of ·02 per mille, as compared with a ratio of ·01 in 1901, and a mean mortality ratio for the previous five years of ·27. With the exception of an isolated outbreak, which occurred in December in the Kangra district, the disease was almost entirely confined to a few districts in the Delhi division. The largest numbers of deaths were recorded in the Umballa and Gurgaon districts. The Civil Surgeon of the Kangra district gives the following account of the outbreak there :—

“There were 65 seizures with 38 deaths in the village of Sansai during the month of December 1902. The infection was brought to the village by a sepoy returning from



Burma ; after the man's death, his wife washed his clothes in the tank from which one half of the village procured their drinking water. The village is divided into two parts by a rivulet and each half of the village has a separate spring and tank for drinking water. One half of the village had no cases of cholera, whilst the other half, the water-supply of which had been polluted, developed 65 cases of cholera in seven days. The inhabitants ceased to use the infected water and the tank was disinfected with permanganate of potassium. The cases ceased immediately."

103. No death from cholera was recorded in the North-West Frontier Province during 1902. In 1901 the total number of deaths was 117, a ratio of '06 per mille of population.

Cholera in the North-West Frontier Province.

104. In the Bombay Presidency the death-rate from cholera during 1902 was between one-fourth and one-fifth that of 1901. Since 1877 there have been only two years—*viz.*, 1880 and 1886, in which a smaller mortality from cholera was recorded than in 1902. Out of 220 rural circles 34 were affected by cholera in 1902, but in nine only was it prevalent to any extent. The highest percentages of affected villages were in the collectorates of Karachi and Hyderabad, and in the remaining 16 affected collectorates less than 1 per cent. of the villages were attacked by the disease. The Deputy Sanitary Commissioner, Sind Registration District, considered after very careful enquiry that the disease was most probably imported into that district by immigrants entering Sind *via* the Thar and Parkar district.

Cholera in the Bombay Presidency.

105. Only 16 deaths from cholera were recorded in Berar during 1902, as compared with 17 in 1901 and 18,375 in 1900. The number of deaths from this cause during 1902 in Berar is the lowest since 1880, except 1898 when the province was free from the disease. The whole province was free from the disease except the village of Hingna Gawhal in the Buldana district where a small outbreak causing 16 deaths out of 48 attacks occurred in May. The Sanitary Commissioner of the Hyderabad Assigned Districts says that it was discovered that the infection was brought by a party returning from pilgrimage to Upper India and Bengal. The speedy disappearance of the disease was said to have been aided by disinfection of the drinking water-supply with permanganate of potassium.

Cholera in Berar.

106. The Central Provinces also remained almost entirely free from cholera during 1902, only 28 deaths being recorded from this disease, as compared with 49 in the previous year. With the exception of the year 1898 the figures for 1902 are the lowest on record. Of the 28 deaths, 26 occurred at Bilaspur and one each at Marwara and Bhandara. The two latter cases were said to have been imported from Allahabad and Benares, respectively. The origin of the outbreak in Bilaspur could not be satisfactorily explained.

Cholera in the Central Provinces.

107. In the Madras Presidency there were 29,769 deaths recorded as due to cholera during 1902, giving a ratio of '8 per mille of population as compared with a total of 81,370 and a ratio of 2'2 per mille in 1901. The districts of Tinnevely, Tanjore and Bellary were most severely affected. The provincial Sanitary Commissioner points out that the difference of incidence of cholera in municipalities during 1902 is slightly in favour of those municipalities which adopted the so-called municipal cholera rules as a compulsory measure, and notes with satisfaction that certificated sanitary inspectors are slowly displacing in rural areas the untrained conservancy overseers. In the larger

Cholera in the Madras Presidency.



towns considerable attention has been paid to water-supplies, and some slight advance has been made in this direction in rural areas.

108. No death from cholera was recorded in this small province during 1902.  
 Cholera in Coorg. There was also no cholera in Coorg during 1899 and 1900, but in 1901 the disease caused 58 deaths.

109. In Lower Burma during 1902 there were recorded as due to cholera 1,844 deaths or a ratio of '33 per 1,000 of population as compared with 3,552 or '64 per 1,000 from the same cause in 1901. The number of deaths during 1902 is the lowest since 1890. The largest numbers of deaths in districts were 471 in Thôngwa, 288 in Henzada, 237 in Bassein, and 200 in Myaungmya, and the highest rates in towns were 6'05 per mille in Kyaiklat, 4'37 per mille in Zalun, and 4'30 per mille in Yandoon. In four districts and in 15 towns no death from cholera was recorded. The total number of persons reported to have been attacked by the disease was 1,944, and the high case mortality (95 per cent.) indicates that a large number of attacks were not reported. As regards seasonal distribution, the disease was most prevalent in April, March and February, and the fewest deaths occurred in September, October and August.

In Upper Burma the total number of deaths recorded as due to cholera during 1902 was 57. Four districts and 10 out of the 13 towns returned no death from this cause, and of 9,340 villages, from only 20 were cholera deaths returned.

110. In the year 1902 the total number of operations performed at the Purulia depôt in Bengal, the only place where inoculation is systematically carried out, was 3,144 as compared with 3,453 in 1901 and 13,291 in 1900. The subjects were all cooly emigrants proceeding to the tea districts of Assam and Cachar. The large decrease is mainly due to the fact that while formerly all the coolies recruited from the Central Provinces as well as from the districts of Palamau and Ranchi used to halt at Purulia where they were inoculated, they now do not break their journey at Purulia, but proceed *viâ* Asansol to the labour districts of Assam. Since the close of the year 1902, however, arrangements have been made to have all these coolies inoculated at Asansol. Out of 106 inoculated coolies on board the steamer, plying between Goalando and Dibrugarh, it is reported that only one man got cholera and he recovered, while out of 1,192 uninoculated coolies, 18 are said to have been attacked by it, four of the cases ending fatally.

111. The death ratio per 1,000 of population from smallpox during 1902 rose by '12 per 1,000 as compared with that of 1901. Smallpox. Appendix B, Table I. The total number of deaths was 115,443 as compared with a total (excluding Upper Burma) of 89,378 in 1901, and a total of 84,780 in 1900. The mortality ratio from smallpox in Assam was very much higher than in either of the two preceding years, chiefly as a result of several outbreaks in the districts of the Surma valley. The provincial Sanitary Commissioner attributes the outbreaks largely to the visits of inoculators. The disease was also very prevalent in the Hailakandi subdivision of the Cachar district where inoculation was largely practised.



The prevalence of small-pox in Bengal has been increasing steadily since 1899, and during 1902 caused 19,750 more deaths than during 1901, the number of deaths from this cause during 1902 reaching the high total of 57,430. The provincial Sanitary Commissioner remarks that the present arrangement by which vaccination in outlying tracts is practically left to the unchecked supervision of the subordinate inspecting staff, is risky and defective, and proposals have been submitted to Government to remedy this state of things. In the United Provinces the death-rate during 1902 was five times as high as during 1901. In the Punjab the ratio was nearly twice as high as in 1901 and the total number of deaths 11,629 as compared with 6,154 in 1901. The provincial Sanitary Commissioner points out that in the districts in which smallpox was very prevalent during the year 1902 the number of persons successfully vaccinated per 1,000 of population was, with one or two exceptions, lower than the average for the province. It is satisfactory to observe that in the 22 towns in which vaccination is compulsory the mortality from smallpox was comparatively low, *viz.*, '6 per mille as compared with a death-rate for all the towns of '9 per mille. In the North-West Frontier Province the mortality from smallpox was slightly increased. The Civil Surgeon of Dera Ismail Khan considered that many deaths from measles were recorded as having been due to smallpox. In the Bombay Presidency the death-rate from smallpox in 1902 was less than half that in the previous year, but in Berar the death-rate was higher than in 1901. In the Central Provinces, in the Madras Presidency, and Lower Burma the mortality decreased considerably as compared with the previous year, and there was very little smallpox in the towns of Upper Burma.

112. The mortality from plague in India was first shown in a separate table in this report for 1898. During that year 98,613 deaths from the disease were recorded, and in the next year the number of recorded deaths reached a total of 139,009. In 1900, however, there was a decided decrease in plague mortality, only 92,807 deaths being recorded, but in 1901 the number, *viz.*, 283,788, far exceeded the combined totals of the two previous years. In 1902 a still further increase occurred, no less than 583,937 deaths being attributed to this disease alone, a mortality which is not less than that of cholera in a year of severe epidemic. In 1898 the month of maximum prevalence of plague was October, but for the three years from 1900 to 1902 the month of highest mortality was March, and for each of the five years except 1900, when it was July, the month of minimum prevalence was June. During 1902 all the provinces of India were more or less affected except Assam, Burma, and Coorg, where no deaths from plague were recorded, the North-West Frontier Province where only 4 deaths were recorded, and Ajmer-Merwara where only 1 death was recorded.

A *résumé* of the literature bearing upon plague has been given in this report in former years, and a few references to recent contributions will be given here, although it may be noted that there is much apparent inconsistency in the results recorded by different observers.

As a result of a bacteriological and pathological examination of 2,200 rats among those killed in connection with the outbreaks of plague at Odessa, Skschivan' arrives at the

The bacillus (1).



conclusion that there exists absolutely no difference between the bacillus of rat plague and that of human plague, the disease in rats and in men being in fact caused by one and the same bacillus. The assertion of Caldas, referred to in the last report, that the human plague bacillus is but a rat colon bacillus of high virulence, is quoted by Pfaundler <sup>2</sup> as an example of the fantastic conclusions into which a want of the critical faculty in research can lead observers. True plague bacilli are not, however, always found in rats suspected to have died from plague. E. Klein <sup>3</sup> isolated a bacillus from dead rats found in a ship arriving in Bristol which, though very like the plague bacillus, really stood as regards its cultural characters between the *B. coli* and the *Bacterium lactis aërogenes*; and Skschivan in the experiments just referred to, found that a plague-like disease of rats might be caused by the *B. mucosa capsulata* and by bacilli of the coli group. Lochmann, <sup>4</sup> has also found a new bacillus of the coli group which is pathogenic for mice and guinea-pigs, and Edington <sup>5</sup> found in rats suspected to be dead of plague a bacillus very like the plague bacillus, but differing from it in its morphological characters and in its pathogenic effects on other animals. Galli-Valerio <sup>6</sup> has pointed out that the *B. pseudo-tuberculosis rodentium* is very like the plague bacillus morphologically and culturally, and that confusion in the diagnosis of plague by the inoculation of guinea-pigs might result if the former bacillus were already present in the guinea-pigs; but Favre <sup>7</sup> says that in spite of their known resemblance it is not difficult to distinguish them. Dieudonné <sup>8</sup> draws attention to the value of the speedy appearance of involution forms in Hankin's salt agar medium as a means of differential diagnosis between the plague bacillus and other similar kinds, and Maassen, <sup>9</sup> among others, corroborates the value of the skin-rubbing method for the discovery of the bacillus in suspected material, especially when such material is contaminated with other microbes, and when it is desired to study the vitality of the bacillus in fæces or other matter. He found that in the dried excrement of rats the plague bacillus did not remain alive more than one day, but that if the excrement were kept from drying it could retain its vitality up to the fourth day. Dieudonné <sup>10</sup> says that the vitality of the plague bacillus in different media outside the body depends on the number of saprophytic organisms present and on the surrounding temperature: the greater the number of saprophytes and the higher the temperature, the shorter is the life of the bacillus. The plague bacillus is indeed but very slightly susceptible to cold, and Toyama <sup>11</sup> has shown that a plague culture after two months' exposure to the cold of winter in Tokio showed no difference in growth from a similar culture kept in an incubator, and its virulence after three months was unchanged, whereas the virulence of a control culture kept in the incubator had decreased considerably after 84 days. Drying, however, kills the bacillus quickly, and Dieudonné points out that alternations of dryness and moisture are also very injurious to its vitality. Inghillèri <sup>12</sup> found that in distilled, sterilized water the plague bacillus can retain its vitality for 60 to 75 days at 35°C., and for 30 to 60 days at 18—20° C. In some of the potable waters of Rome the bacillus was alive in one case after 35 days, in another after 33 days, and in another after 28 days. Burnet <sup>13</sup> however remarks that the experiments of Inghillèri were made under very artificial conditions, and that the plague bacillus retains its vitality better under natural conditions than under artificial ones. According to him if the experiments are made under conditions as nearly as possible approaching those which would be met with in nature, living plague bacilli can live in water 120 days.



According to Dieudonné<sup>1</sup> the spread of plague results through the agencies of human beings and human traffic on the one hand and through rats on the other. The consensus of opinion of 37 correspondents with experience of plague epidemics quoted by Simpson<sup>2</sup> in his report on plague in Hong Kong, favoured the view that the infection was carried from place to place by individuals and from house to house by rats. Thirty of the correspondents had found that the plague outbreak was preceded by a mortality among rats, and only four that the rat mortality was simultaneous with the plague outbreak. Dieudonné gives several instances in support of the view of Koch and others that plague is essentially a disease of rats which only after some time spreads to man from these animals. The German Commission<sup>3</sup> were of opinion that rats take an essential share in the maintenance of the disease in its endemic centres, an opinion which finds support in the important observation quoted by Dieudonné that rats can suffer from a chronic form of the disease, so that plague germs can remain for a long time in the bodies of these animals, and from time to time originate an epidemic among them. Rabinowitsch and Kempner<sup>4</sup> in reporting on the plague epidemic at Odessa, considered that the disease was spread directly by rats, and Gamaleia<sup>5</sup> that it was spread through the medium of cereals infected by the urine and fæces of plague-infected rats. On the other hand, Flexner<sup>6</sup> in an account of the epidemic at San Francisco says that rats took no part in the spread of the disease there, and no sick or dead rats were found. In the outbreak of plague at Manilla in the Phillipines<sup>7</sup> rats were caught, labelled, and sent alive to the laboratory to be examined—a better procedure than taking only dead rats. During the first two weeks in which this method was carried out 1·8 *per cent.* of the rats caught were found infected, and during the month of October 2·3 *per cent.* Out of 3,274 dead rats examined in connection with a recent outbreak of plague at Brisbane<sup>8</sup> only 25 were found infected. The importance of ship rats in the spread of plague has been drawn attention to by Kossel and Nocht,<sup>9</sup> Skschivan,<sup>10</sup> Nocht and Giemsa,<sup>11</sup> Dieudonné<sup>12</sup> and others. Nocht and Giemsa say that for the spread of plague from harbour to harbour the rats on board sea-going ships must be held responsible, and they agree with Kossel and Nocht in saying that scarcely a single instance of an outbreak of plague in a sea-port town has been traced to infected human beings. Skschivan is also of the same opinion as to the importance of ship-rats in the spread of the disease, though he says that ship-rat plague is not always followed by human plague, and that in the East, rat and human plague are not always coincident. Mice can also take part in the spread of plague, and Gotschlich,<sup>13</sup> Thompson<sup>14</sup> and others have given instances in which plague-infected mice were found. Three mice were also found infected with plague bacilli in the Brisbane outbreak referred to above. Simpson<sup>15</sup> found in Hong Kong that pigs, calves, buffaloes, sheep, hens, ducks, geese, turkeys, and pigeons are in addition to rats susceptible to plague, and especially so when fed with plague material. His experiments also showed that the infective material of a plague rat can cause plague in monkeys by feeding or by inoculation, and the infective material of a monkey with plague can give rats plague. Wilm<sup>16</sup> had previously observed that spontaneous plague infection sometimes occurred among pigs in Hong Kong. The German Commission,<sup>17</sup> however, found that Indian pigs are almost completely insusceptible to subcutaneous inoculation of plague bacilli, and Di Mattei<sup>18</sup> made a similar observation as regards the pigs in Italy. Albrecht and Ghon<sup>19</sup> also fed young pigs with large quantities of plague material for some weeks without result, and they also obtained negative results by different methods of infection of plague bacilli with hens, geese, and pigeons.



Dieudonné<sup>1</sup> says that the communication of plague from man to man can occur either directly from a diseased man, or indirectly through the medium of infected dwellings, linen, clothes, or utensils. From the point of view of direct infection all the severe septicæmic cases are dangerous, but the most so are the lung cases, in which the sputum, loaded with bacilli, is sprayed about when the patient coughs or even when he speaks. Mild cases which may take the form of only a simple bronchitis, and convalescents from the pneumonic form of the disease whose sputum may contain plague bacilli for weeks or even months after convalescence has begun, also play a large part in the spread of the disease. The method by which plague is communicated from the rat to man is not yet known. Above all, says Dieudonné,<sup>2</sup> plague-stricken rats are dangerous in that they evacuate plague bacilli with the urine and fæces which they deposit in every room into which they go, and the bacilli thus spread in dark damp rooms are capable of living for a long time. The opinion of Simond that fleas can communicate plague from rat to rat and from rat to man has been opposed by Galli-Valerio,<sup>3</sup> Nuttall,<sup>4</sup> Kolle,<sup>5</sup> and others. Gauthier and Raybaud,<sup>6</sup> however, report that they have succeeded in infecting a healthy rat by the bites of fleas taken from an infected one, and also that the fleas of rats will bite human beings. Tiraboschi<sup>7</sup> divides the fleas infesting rats into those that do not bite man (*Ceratophyllus fasciatus* and *Ctenopsylla musculi*), and those that do (*Pulex serraticeps* and *Pulex irritans*); only fleas of the latter kind are therefore capable, according to him, of communicating plague from rat to man. Tidswell<sup>8</sup> made a collection of rat fleas in connection with the plague epidemic at Sydney. Out of 100 fleas obtained 10 were identified as *Pulex fasciatus*, 8 as *Typhlosylla musculi*, 1 as *Pulex serraticeps*, and 81 as *Pulex pallidus*. *Pulex pallidus* and *Pulex fasciatus* bit human beings in laboratory trials. All of 50 specimens of fleas caught on rats in India examined by Captain Liston, I. M. S.,<sup>9</sup> were identified as *Pulex pallidus*, and of 28 specimens caught on man 27 were identified as *Pulex irritans* and one as *Pulex canis*. Dieudonné<sup>10</sup> says that experience in Bombay and in other epidemics goes against there being any considerable danger from the bites of infected fleas, while the fact that plague seldom occurs among the attendants in plague hospitals points also to the fact that mosquitoes play little or no part in the spread of the disease. He considers however that fleas and other biting insects may be of some significance in that the wounds caused by their bites may afford a point of entrance for plague germs present on their bodies or legs, or even on the clothes of the person bitten. Flies are also of some significance in that they can convey plague bacilli from sputum or excrement on to utensils and food.

The Clayton process for the disinfection of ships and the destruction of ship-borne rats has been favourably reported on by Calmette and Hautefeuille, and adopted by some of the large shipping companies.<sup>1</sup> Freer<sup>2</sup>, however, says that the employment of sulphurous acid gas has many disadvantages, and can be used only if all the stores and a considerable amount of woodwork are removed, and that it will not kill rats unless it is very condensed. Nocht and Giemsa<sup>3</sup> also point out that many kinds of merchandise, especially fresh fruits, flour, and meat, take up large quantities of sulphurous acid and are quickly changed by it; also that by its repeated use the hulls of ships are affected, and the steel parts quickly and deeply rusted. They have invented an apparatus for the employment of carbonic oxide gas, which is free from these disadvantages. The

Mode of infection. Fleas and other insects (3).

Measures against rats (4).



apparatus was tried with success on some of the ships of the Hamburg-America line. Haldane<sup>4</sup> had previously recommended the use of carbonic oxide gas, but his experiments were not carried out on such a large scale as those of Nocht and Giemsa. Abel<sup>5</sup> has made experiments on the destruction of rats with the bacillus of Danysz, and considers that the method is a promising one, but requires to be experimented with more extensively. Oettinger<sup>6</sup> considers that several different kinds of bacteria are called by the name of the Danysz bacillus but that none of them can have their virulence exalted by the method of Wiener in such a way as to make them practically useful in the destruction of rats. Colonel King, I. M. S.<sup>7</sup>, has reported favourable results in causing the disappearance of rats from houses and in preventing them from effecting an entrance to any house, by the use of a mixture of tar and sulphuric acid, which is spread in the entrance of all rat-holes or in a circle round the building which it is desired to protect.

113. The total number of deaths recorded as due to plague in Bengal during 1902 was 32,967 as compared with 78,629 during 1901. The Sanitary Commissioner remarks, however, that this decrease was probably more apparent than real, and was evidently due to the inclusion under the heading of "fever" of numbers of deaths from the septicæmic form of plague which largely prevailed in parts of Bihar. Plague prevailed with the greatest intensity in Calcutta, where 8.58 per mille of the population fell victims to it during 1902 against 9.29 during 1901. In Patna where a ratio of 16.86 per mille was recorded in 1901 a mortality of only 1.71 per mille was recorded in 1902. The Civil Surgeon of Saran reports that there appeared to be two factors in the spread of the disease; the amount of human intercourse and the agency of rodents. The parts of the district most affected were along the lines of communication, especially the river and railways, and the more outlying and secluded parts were almost entirely free from the disease. Rats, mice and squirrels all suffered severely from the epidemic and were constantly found lying dead in infected areas. "Both these sources of infection are thoroughly appreciated by the people themselves and influence them in their efforts to protect themselves from the disease." The Sanitary Commissioner says that the feeling of the people was against anti-plague inoculation and for this reason only a small number of inoculations were performed in the districts of Saran, Patna and Darbhanga. Disinfection also, he says, is not generally liked by the people, but evacuation of infected houses is in great favour with them. This is done spontaneously and generally fairly thoroughly by the people themselves without outside interference, and the benefit of the timely exodus is most marked.

114. The mortality from plague in the city and port of Calcutta was rather less during 1902 than during the two previous years. A special department independent of the health department undertook the administration of the disease and reliance was placed mainly upon disinfection. Eighty-nine vessels were boarded on arrival from plague-infected ports, but no case of plague was found on any of them. Among the crews and passengers of outgoing vessels no case was detected.

115. In the United Provinces there was a great increase in the mortality from plague, 43,487 deaths being recorded from this cause during 1902, as compared with 9,778 during 1901. The disease was most prevalent in March and least so in July. Deaths were reported from no less than 34 districts. Among towns the highest death-rates were 43.81 per mille at Jaunpur, 36.69 at Cawnpore, 31.10 at Gorakhpur,



30·76 at Ballia and 25·86 at Barhaj. The higher proportion of deaths among females than among males was attributed to the facts that native females spend more time inside their houses and courtyards than men and do not habitually wear shoes.

116. The mortality from plague in the Punjab during 1902 was more than ten times as great as that of 1901 and accounted for no less than 175,645 deaths, a total which, with the exception of that of Bombay, is over three-and-a-half times as high as that of any other province in India during 1902. The epidemic broke out in the winter months of 1901, the number of deaths increasing month by month to a maximum in March and April of 1902. The disease was confined during the year chiefly to the central and thickly populated portion of the province. In the district of Ludhiana 71 per 1,000 of the population died from plague and in the districts of Umballa and Sialkot 30 and 26 per 1,000 respectively. Next came Jullundur, Gurdaspore, Hoshiarpur and Lahore districts. The Civil Surgeon of the Ludhiana district gives instances of 22 villages in which the enormous death-rates of from 20 to 40 per cent. of the population were registered. As a rule rats were found dying in every village before the commencement of outbreaks of the disease among the inhabitants, and those villagers who on the discovery of rats dying left their houses and did not visit them again mostly escaped. In the whole province the recorded proportion of deaths from plague among males and females was approximately as 7 : 10.

Owing to the rapid extension of the area infected with plague in the Punjab in the winter of 1901-02, the impossibility of inducing the people to adopt measures of segregation and evacuation with sufficient thoroughness, and the consequent difficulty in rendering disinfection effective, the local Government obtained the sanction of the Government of India to a scheme for inoculation on a great scale. It was proposed to begin operations on the 1st September 1902, and to inoculate seven millions of the people before the end of March 1903. To do this every member of the provincial medical establishment who could be made available was employed, five medical officers were obtained from the military authorities, and 37 medical men were specially engaged in England. But the scheme was unfortunate from the beginning. Owing to the magnitude of the demand, the manufacturing laboratory was not at first able to supply the quantity of prophylactic required, and the commencement of operations had to be deferred until the 1st of October, while the deplorable catastrophe at Mulkowal where, early in November, nineteen persons died of tetanus after inoculation from the same bottle of fluid, not only brought operations temporarily to a standstill, but made the people unwilling to subject themselves to inoculation.

The results of the inoculation campaign in the Punjab, of which a detailed report is under preparation, are given in the following statement:—

Year.	TOTAL NUMBER OF PLAGUE.		Percentage of total deaths to total cases.	Total number of inoculations performed.	INOCULATED PERSONS.		Percentage deaths to attacks among inoculated persons.
	Cases.	Deaths.			Attacked.	Died.	
1902-03. (1st October 1902 to 23rd May 1903).	299,303	178,849	59·8	480,737	4,667	1,158	24·8

117. Only 4 deaths from plague were recorded in this province during 1902, all of which were said to have been imported from the Punjab. The measures taken to prevent the spread of the disease were attended with success.



118. The total number of deaths from plague officially recorded in the Central Provinces during 1902 was 459 as compared with 9 in 1901. The Provincial Sanitary Commissioner, however, considers the number of deaths from this disease during 1902 to have been at least 1,061. The history of indigenous plague is confined to outbreaks at Loni and two other villages in the Nimar district, and outbreaks in the town of Burhanpur, the city of Jubbulpore and the small town of Pulgaon in the Wardha district. The outbreak at Loni commenced on the 3rd of February and lasted until the 25th of March. In the case of this outbreak as well as in that occurring in the town of Burhanpur the infection was traced to infected areas in the Khandesh district. In Burhanpur the outbreak commenced at the end of October, and despite active measures, became more and more severe and continued into the present year. At Jubbulpore plague was present some little time before it was officially recognised, and owing to the concealment of first cases by the people, the disease had obtained a firm hold of the town before measures against it were initiated. The endeavours subsequently made were unavailing and a widespread epidemic ensued.

119. The largest number of deaths from plague in any province was again recorded in the Bombay Presidency, the disease accounting for 184,752, deaths as compared with 128,259 deaths in 1901. The mortality from plague in this presidency during 1902 is the highest recorded since its first appearance in 1896. All the collectorates in the presidency except Upper Sind Frontier were affected.

120. In the city of Bombay 13,786 deaths from plague were recorded during 1902 as compared with 18,694 in 1901. The disease was present throughout the year, the month of maximum prevalence being March and of minimum prevalence July. At the inspections of outgoing and incoming vessels and of vessels lying in the harbour, 44 cases of plague were detected. Among the passengers and crew sent to the port observation camp, 28 developed plague and were transferred to the various hospitals in the city for treatment.

121. In 1902 for the first time since the commencement of the present epidemic in India, plague made its appearance in Berar and caused 4,188 deaths. It is said that at first evacuation of houses was resorted to by the people only after the disease had wrought havoc among them, but that by experience they afterwards learnt that their only safety lay in vacating an infected village as soon as possible. Disinfection and "desiccation" were carried out to some extent in all infected areas, and much inoculation work was done. It was noticed that besides rats and squirrels, many monkeys died of plague.

122. The total number of deaths recorded as due to plague in Madras during 1902 was 11,362 as compared with 3,035 in 1901. The only district, however, which was severely affected during 1902 was Bellary, in which 7,354 deaths from plague were recorded, the district of Salem coming next with a total of 1,668 deaths. The Sanitary Commissioner says that the territory under the Government of Mysore continued to be a special danger to the Presidency, in that excepting measures taken in the cities of Mysore and Bangalore, very little attempt at organization for checking the spread of the disease exists in that area. He considers that the system of surveillance, without detention, of all travellers passing from infected areas to uninfected areas, so arranged that to whatever part of the Madras Presidency they journey, surveillance proceeds uninterruptedly for a



period of ten days, is fairly efficient. Where rural areas are imminently threatened by plague, special staffs composed of certificated sanitary inspectors are placed on duty, so as to strengthen the executive of the existing district staffs and thus keep each inhabited area under systematic observation. Railway inspection was used only where it was possible to protect a still uninfected area and during the year 176 cases of plague were withdrawn from the railway trains at Jalarpet, the point where cases from the Mysore territory are received. The provincial Sanitary Commissioner considers that experience in the Madras Presidency shows that man causes the rat to suffer and not the rat man in the first place, that the area over which infected rats roam is usually small, and that recrudescence is by no means a natural feature of the disease, but a very natural result of apathy or of too optimistic treatment of an indigenously infected area.

123. Only 3 imported cases of plague were detected in Burma during 1902.

Plague in Burma.

Only 1 of these cases was fatal and a bacteriological examination of this case yielded negative results.

124. In Baluchistan 30 deaths from plague were reported during 1902. No death was recorded during the previous year.

Plague in Baluchistan.

Sonmiani, a small town on the sea coast, was the only place where an outbreak occurred. It is said that infection was brought from Karachi. The town was entirely evacuated and disinfected and the outbreak, which had caused 28 deaths, ceased. The other two deaths occurred at Sibi but both the cases were imported.

125. In Rajputana 149 deaths from plague were recorded during 1902 as com-

Plague in Rajputana and Ajmer-Merwara.

pared with 185 during 1901. The disease appeared in the villages of Karnikot and Khuteta in the Ulwar State and in the village of Duthariya in the Marwar Sate. It is said that the deaths recorded as due to plague in Khuteta were in all probability due to cerebro-spinal meningitis and not to plague. Only one suspected case of plague, which terminated fatally, was recorded in Ajmer-Merwara.

126. There was no plague anywhere in Central India in 1902 until the last week of September. The disease was very prevalent

Plague in Central India.

at that time in Khandesh and Nimar in the Central Provinces and probably spread from thence to Central India. The most severe outbreak occurred at Khasroad, a village in the Bhopawar agency. Evacuation of the infected portion of the village and disinfection of infected houses were carried out. During the year 1,275 persons were inoculated, of whom two were attacked by plague one month after inoculation.

127. The total number of deaths from plague recorded in Mysore (excluding Bangalore civil and military station) during 1902 was 26,301 as compared with 11,936 in 1901.

Plague in Mysore.

"Desiccation" of the interiors of infected houses is said to have been introduced in various parts of the State and "the result is being carefully watched."

128. The mortality from plague in the Hyderabad State during 1902 was

Plague in the Hyderabad State.

nearly 60 times as heavy as during 1901, the total deaths recorded amounting to 8,934. To this total the district of Aurangabad contributed 7,581, the district of Oosmanabad 1,089, the district of Kopbal 182, and the district of Raichur 74. In the remaining 4 infected districts 8 deaths in all were recorded.

129. The total number of deaths recorded as having been due to fevers during

Fevers. Appendix B, Table II.

1902 was 4,279,551 or a ratio of 19.17 per 1,000 of population as compared with a total of 4,174,919 or a ratio of 18.73 during 1901. The heading "fevers" includes the deaths from a large number of different causes and it is not possible to say with any approach to



accuracy what proportion of the fever death-rate in India as a whole, or in any province, is due to malaria. The fact, however, that the malarial fever ratios for European troops, native troops, and prisoners were all lower in 1902 than in 1901, is perhaps some indication that the rise in the ratio for fevers among the general population was not altogether due to an increase in malarial fever. A very large increase in the prevalence of plague occurred during 1902 and it is probable that, as in previous years, many deaths from plague were recorded as having been due to "fever." The greatest number of deaths from fever was recorded as usual during the last four months of the year and the fewest in July. As compared with the previous year an increased number of deaths was recorded in all the months of the year except January, July, October and December, the greatest increase occurring in May. In Bengal the fever death ratio was the highest recorded since 1897, being also considerably higher than the mean ratio for the previous five years. The unusually high mortality from fever in April is attributed by the provincial Sanitary Commissioner to the fact that some of the deaths from plague, which was very prevalent at that time, were wrongly returned under the heading of fever. A mortality of over 30 per mille was recorded from nine districts in 1902 as compared with four districts in 1901. Fevers were not so prevalent during 1902 in Assam as in 1901. The Sanitary Commissioner says that the decrease was well marked in both valleys, though certain districts in the Brahmaputra valley showed a rise, notably Darrang where the increase is suspected to be due to an increase in *kala azar*. The number of deaths attributed to *kala azar* in the Sylhet district has also increased considerably, apparently as the result of a special investigation having been made into the true extent of the disease there. In the Goalpara district, however, the number of deaths returned as due to this disease are very few in comparison with the number so returned in former years, in spite of the fact that this is the district in which malarial fevers are most prevalent. In the United Provinces the death-rate during 1902 was higher by 1.05 per mille than that of 1901. During the year a circular, giving instructions for dealing with mosquitoes and their larvæ, was issued to all District and Municipal Boards, Civil Surgeons, and special health officers, and in some localities efforts were made to give effect to the suggestions, although no measures on a large scale were attempted. In the Punjab a further decrease in fever mortality occurred during 1902. The highest district ratios for the year were those of Hissar, Rohtak, Gurgaon, Delhi, and Karnal, all in the Delhi division. The unusual increase in the fever mortality of the Hissar district during the first quarter of 1902 is ascribed by the Civil Surgeon to cerebro-spinal fever of a very severe and fatal type which prevailed in an epidemic form during that period. The disease also prevailed during the first half of the year in the city of Delhi, and perhaps also in the Rawalpindi district. Trial measures for the prevention of malaria by the destruction of mosquitoes were carried out in Gujranwala and Gujrat, but with very little success owing chiefly to the outbreaks of plague in both the towns. In the North-West Frontier Province the death-rate from fevers was 4.69 per mille higher than in 1901. In the Central Provinces the mortality from this cause fell slightly. The Sanitary Commissioner considers it probable that the large majority of the deaths ascribed to fever were due to fevers of malarial origin. Systematic operations against mosquitoes, based on the recommendations of the conference on malaria held at Nagpur in January, were carried out in certain selected towns. In Berar the fever death-rate was slightly reduced. Some municipalities were selected as areas for experiment in the destruction of mosquitoes, but the provincial Sanitary Commissioner does not anticipate that much will be done in this direction as the finances of the municipalities



are so taxed by the strain of plague expenditure. The mortality from fevers in Lower Burma was slightly in excess of that of 1901, but considerably lower than the mean ratio for the previous five years. The provincial Sanitary Commissioner remarks that the figures probably include a considerable number of deaths from dengue which was prevalent throughout the province from April to September ; but dengue, though very contagious, is by no means a fatal disease and the deaths from this cause would hardly be likely to appreciably affect the total fever death-rate. In the Madras Presidency the mortality ratio from fevers was slightly lower during 1902 than during 1901. The mortality in the town of Madras decreased from 18·3 to 14·7 per mille, but this town still has one of the highest fever rates in urban areas in the presidency and compares very unfavourably with other large towns in India, such as Calcutta where the fever death rate during 1902 was only 6·59 per mille and Bombay where it was only 6·30. The Sanitary Commissioner of Madras is apparently unable to account for this high rate in Madras town and remarks that, in the absence of registration supported by medical diagnosis, it is, of course, impossible to ascertain what proportion of fevers in Madras town are due to malaria or to typhoid and other possibly unnamed fevers. Dengue was prevalent in several localities of the presidency, but it did not add appreciably to the mortality. In Bombay the fever death-rate declined as compared with 1901, but high ratios were recorded in Ahmedabad and five other collectorates, apparently due, in the provincial Sanitary Commissioner's opinion, to a certain extent to famine causes. Although a high total death-rate may be the result of famine, this cause does not necessarily produce a high *fever* death-rate, and it is evident from a consideration of the statistics supplied by the Sanitary Commissioner that in some at least of those collectorates the high fever death-rate was simply due to the fact that nearly all the deaths which occurred were recorded under this heading.

130. In Bengal there was a considerable increase in the number of five-grain pice packets of quinine sold during 1902, 34,114 parcels each containing 102 five-grain packets being disposed of as compared with 30,593 parcels during 1901. This increase is considered to have been due to the much greater prevalence of fever during 1902 than during 1901.

In Assam the sale of quinine decreased all over the province probably because the year was less malarious than usual. In the whole province 1,434 parcels were sold as compared with 1,717 in 1901.\*

In the Central Provinces the sale of quinine showed a steady increase, 2,681 parcels each containing 102 five-grain packets being sold during 1902 as compared with 2,050 in 1901. In the year 1901 all sales were effected through the agency of post offices, but during 1902 sales were also made through the agencies of schoolmasters, stamp-vendors, and *patwaris*.

The number of five-grain packets of quinine sold during 1902 in the United Provinces was 224,999. Of these 157,820 packets were sold at post offices, 24,093 by vaccinators, and 43,086 by landlords. Quinine was sold at post offices in all districts except Almora and Etah, but it was sold by vaccinators only in 22 and by landlords in 8 districts.

It is said that quinine was gratuitously distributed in 13 districts of the Punjab, but the only references to the sale of quinine contained in the provincial Sanitary Commissioner's report are to the effect that Civil Surgeons have no concern with the sale of pice packets of quinine at post offices and that since December the work of selling quinine to post offices for sale to the public has been transferred to the Lahore Central Jail.

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\* i.e., 146,268 and 175,134 five-grain packets.



In Burma the sale of quinine through the post office, by private vendors, and by vaccinators, was steadily continued, and 179,708 five-grain packets at three pies each were sold during 1902, as compared with 158,385 during 1901.

Details are wanting regarding quinine sales in the North-West Frontier Province, Madras, Bombay, and Berar.

131. The mortality ratio on account of dysentery and diarrhœa fell from 2·45 per mille in 1900 and 1·11 per mille in 1901 to the comparatively low figure of 1·06 per mille in 1902. The ratio was also considerably below the mean ratio for the previous five years. The total number of deaths attributed to dysentery and diarrhœa during 1902 was 235,089 as compared with 247,054 during 1901. A decreased mortality occurred in all months of the year except April, May, June, and November. In Bengal the largest number of deaths occurred as usual in December, and as usual the disease prevailed with much greater severity in urban than in rural areas. The highest mortality was recorded in the district of Howrah (4·88 per mille), the districts of Puri, Cuttack, Calcutta, Patna and Darjeeling coming next with ratios ranging from 3·87 to 3·07 per mille. The mortality ratios for Goalpara, Darrang, Sibsagar and Lakhimpur in the Assam valley show the same large differences ranging from ·19 per mille in Goalpara to 4·55 per mille in Lakhimpur as have been noted in previous years ; and investigation has not yet succeeded in suggesting a satisfactory explanation. The main factor which influences the results is the much higher death-rate among tea-garden coolies than among the rest of the population. The medical officer at Cachar considers the increased mortality in tea gardens to be due to the inclusion of deaths from advanced cases of beri-beri (so-called) along with deaths from diarrhœa, and the medical officer at Lakhimpur thinks that in tea gardens deaths from anchylostomiasis are frequently wrongly returned under the head of dysentery and diarrhœa on account of the similarity of symptoms in these diseases. The true explanation may possibly be that given by the medical officer at Darrang, who says that in tea gardens febrifuges are largely employed, and that deaths from " fever " are usually returned under the heading of " bowel disease," its common terminal condition ; for the medical officer at Lakhimpur gives a table which shows that while the tea-garden coolie, from the statistical point of view, suffers about three times as much from bowel-complaints as the general population, he suffers about three times as little from fevers, and the total loss from both complaints among both communities was about the same in 1902, *viz.*, 14·47 per mille for tea-garden coolies and 14·46 for others. In the United Provinces the death rate from dysentery and diarrhœa was practically the same in 1902 as in the previous year. In the Punjab the urban death-rate from dysentery and diarrhœa was four times as high as in the rural circles. The Sanitary Commissioner says that dysentery and diarrhœa and fever-rates rise concurrently, and that in all except one of the towns where excessive death-rates from dysentery and diarrhœa were recorded, malarial fevers were very prevalent during the year. In the Central Provinces the death-rate from dysentery and diarrhœa was lower than in 1901 though in ten districts a slightly higher rate of mortality was recorded. In the town of Nagpur the high mortality among children from bowel diseases during the rainy season was attributed to deficient rainfall and long breaks in the rains with corresponding increase in temperature. In Madras the death ratio from dysentery and diarrhœa was 1·01 per mille as compared with 1·13 per mille in 1901. In the town of Conjeeveram, which is supposed to have a good public water-supply, one of the highest death ratios from this cause was recorded. In Berar, Bombay, Ajmer-Merwara, and Coorg the death-rates from bowel-complaints were all lower than those of 1901.



## Books and papers referred to in Section VI.

*For explanation of abbreviations see end of Section II.*

- (1) <sup>1</sup>Skschivan in C. B. XXXIII, page 260 ; <sup>2</sup>Pfaundler in the article on *Bacterium coli commune* by Escherich and Pfaundler in Kolle and Wassermann's *Handbuch der pathogenen Mikroorganismen*, page 404 ; <sup>3</sup>Klein in C. B. XXXII, page 673 ; <sup>4</sup>Lochmann reported in H. R. XIII, page 358 ; <sup>5</sup>Edington reported in H. R. XIII, page 468 ; <sup>6</sup>Galli-Valerio in C. B. XXXIII, page 231 ; <sup>7</sup>Favre reported in J. P. P. G. V., page 416 ; <sup>8</sup>Dieudonné in Kolle and Wassermann's *Handbuch der pathogenen Mikroorganismen*, pages 487 and 488 ; <sup>9</sup>Maassen in A. K. G. A. XIX, page 508 ; <sup>10</sup>Dieudonné, as above, page 495 ; <sup>11</sup>Toyama reported in H. R. XIII, page 769 ; <sup>12</sup>Inghilleri reported in B. I. P. i., page 502 ; <sup>13</sup>Burnet in B. I. P. i., page 503.
- (2) <sup>1</sup>Dieudonné as above, page 534 ; <sup>2</sup>Simpson reported in B. M. J. of 28th March 1903, page 755 ; <sup>3</sup>quoted by Dieudonné as above, page 533 ; <sup>4</sup>Rabinowitsch and Kempner in D. M. W. XXIX, page 20, and page 51 ; <sup>5</sup>Gamaleia quoted by Rabinowitsch and Kempner in D. M. W. XXIX, page 52 ; <sup>6</sup>Flexner reported in H. R. XIII, page 500 ; <sup>7</sup>reported in *Veröffentlichungen des Kaiserlichen Gesundheitsamtes* of March 12th, 1903, page 229 ; <sup>8</sup>reported in B. M. J. of 4th July 1903, page 49 ; <sup>9</sup>Kossel and Nocht in A. K. G. A. XIII, 1901, quoted by Nocht and Giemsa as below ; <sup>10</sup>Skschivan in C. B. XXXIII, page 260 ; <sup>11</sup>Nocht and Giemsa in A. K. G. A. XX, page 91 ; <sup>12</sup>Dieudonné as above, page 537 ; <sup>13</sup>, <sup>14</sup>Gotschlich and Thompson quoted by Dieudonné as above, page 537 ; <sup>15</sup>Simpson reported in B. M. J. of 28th March 1903, page 755 ; <sup>16</sup>Wilm, <sup>17</sup>German Commission, <sup>18</sup>Di Mattei, <sup>19</sup>Albrecht and Ghon, all quoted by Dieudonné as above, page 511 ; see also S. C. I., 1897, page 181.
- (3) <sup>1</sup>Dieudonné as above, page 534 ; <sup>2</sup>Dieudonné as above, page 537 ; <sup>3</sup>Galli-Valerio in J. T. M. of 1st February 1902, page 33 ; <sup>4</sup>Nuttall in J. T. M. of 1st March 1902, page 65 ; <sup>5</sup>Kolle in D. M. W. XXVIII, page 60 ; reported in H. R. XIII, page 467 ; <sup>6</sup>Gauthier and Raybaud reported in J. P. P. G. V., page 460 ; <sup>7</sup>Tiraboschi in A. H. XLVI, page 251 ; <sup>8</sup>Tidswell reported in B. M. J. of 27th June 1903, page 1491 ; <sup>9</sup>Liston in the Journal of the Bombay Medical and Physical Society, VII, page 8, quoted in L. of 2nd May 1903, page 1253 ; <sup>10</sup>Dieudonné as above, page 538.
- (4) <sup>1</sup>Calmette and Hautefeuille reported in L. of 15th November 1902, page 1331 ; see also references in S. C. I., 1901, page 99 ; <sup>2</sup>Freer in L. of 24th January 1903, page 293 ; <sup>3</sup>Nocht and Giemsa in A. K. G. A. XX, page 91 ; <sup>4</sup>Haldane in L. G. B. XIII, reported in N. 67, page 5 ; <sup>5</sup>Abel reported in H. R. XIII, page 235 ; <sup>6</sup>Oettinger reported in D. M. W. XXIX, Literatur-Beilage, page 57 ; <sup>7</sup>King in the Indian Municipal Journal of 8th July 1902, page 420 ; see also the same journal of 22nd April 1903, page 254.

## SECTION VII.

### GENERAL HISTORY OF VACCINATION.

132. The aggregate number of operations performed in 1902-1903 was 8,431,564, which is 395,120 more than in the previous year, and 557,172 more than in 1900-1901.

Vaccination in India.

In all the provinces, except the Punjab, an increase was recorded in the numbers of operations performed; and in the Punjab the decrease amounted to only 600 operations. Work progressed most in Bengal, the United Provinces, and Bombay; and, in the Central Provinces, Assam, Burma, Berar and the North West Frontier Province, considerably more operations were performed than in the previous year.

The number of primary operations performed during the year was 7,791,858, or 433,114 more than in 1901-1902, but the number of re-vaccinations fell from 677,706 to 639,706, a decrease of 37,994. In the Punjab the decrease in the number of re-vaccinations amounted to 72,105, and there was also a considerable falling off in the number of re-vaccinations performed in Berar, from 38,122 in 1901-1902, to 23,505 in 1902-1903.

The average degree of success obtained in the country generally was better than in either of the two preceding years. In primary operations and in re-vaccinations, respectively, the percentages of success in 1900-1901 were 94·5, and 64·4 in 1901-1902 they were 94·97 and 65·5, and in the year under review 95·10 and 68·20. As in the previous year the highest percentages of success in primary operations were recorded in Ajmer-Merwara (99·18) and in Bengal (98·11); the lowest was recorded in Burma (86·03) and Madras (89·08). The percentages of success in re-vaccination ranged from 88·41 in the United Provinces, 86·36 in Ajmer-Merwara, and 85·14 in the Central Provinces, to 48·15 in Burma and 16·50 in Berar.

At dispensaries 208,733 operations were performed as compared with 210,277 in 1901-1902. In six provinces an increase in the number of operations performed was recorded, and in four a decrease. In two provinces, Berar and Ajmer-Merwara no vaccination work is done at dispensaries. In Bengal the number of dispensary vaccinations decreased by 12,830, but it was still the province in which by far the largest number of operations were performed, Assam, the Central Provinces, and Madras coming next in order. In the Punjab only 206 operations were performed at dispensaries.

The average proportion of the population successfully vaccinated during the year was 33·14 per mille, as compared with 31·36 per mille in 1901-1902. An increase in the proportion protected was recorded in all Provinces, Berar coming first with an increase of 12·8 per mille, the North-West Frontier Province and Coorg following next with increases of 9·93 per mille and 9·27 per mille respectively. The proportion of successful vaccinations per 1,000 of population was highest in Coorg, Assam, and Berar, and lowest in Bombay.

On the supposition that 40 children were born for every 1,000 of the population, 39·15 per cent. of them were protected by vaccination during the year as compared with 33·41 per cent. in the previous year, the percentages varying between 91·76 in Berar, 63·58 in the Central Provinces, 57·40 in Ajmer-Merwara, and 13·61 in Coorg.

The mean number of operations performed by each vaccinator in the year ranged from 3,527 in Berar and 3,365 in the North West Frontier Province, to 999 in Assam and 866 in Ajmer-Merwara.



The average small-pox mortality was '51 per mille as compared with '40 per mille in 1901-1902. The death-rates ranged in the provinces from 1'26 per mille in Assam, where there were 6,673 deaths, '77 in Bengal, where there were 57,430 deaths, and '7 in Madras where there were 24,967 deaths, to '01 in Ajmer-Merwara, where only 3 deaths from small-pox were recorded.

The aggregate cost of the Department was Rs. 11,65,756, or Rs. 33,499 more than in 1901-1902. The average cost of each successful case works out to 2 annas and 5 pies, against 2 annas and 6 pies in the preceding year. The greatest cost of each successful case was 8 annas and 9 pies in Bombay, Burma coming next with a cost of 4 annas and 5 pies, and Coorg next with 4 annas and 3 pies. In Bengal the cost of each successful case was only 1 anna and 2 pies.

133. During 1902 and 1903, experiments were carried on in the Punjab by Captain W. F. Harvey, I.M.S., for the purpose of determining the relative efficacy and suitability of vaserinated and glycerinated vaccine lymphs derived from the buffalo calf.\* Many of the experiments depending upon the results obtained by using the two preparations as vaccines were rendered of little value by conditions that had not been foreseen; but it was found that, with properly prepared glycerinated lymph and careful vaccination, success at the rate of 99'81 per cent. was obtained in 5,166 cases, of which 4,324 were inspected by Captain Harvey personally. Glycerinated lymph presents the following advantages over vaserinated lymph.

Experiments regarding the preservation of calf lymph.

Glycerine is easier to mix with vaccine pulp than is vaseline, and, in consequence, the results of vaccination with glycerinated lymph are more likely to be uniform.

Glycerinated lymph rids itself of extraneous micro-organisms, vaserinated lymph does not. Glycerinated lymph is fit for use after a fortnight's storage; and after a month's storage, the only organisms remaining were spore bearing bacilli and a large micrococcus, both of which can, it appears, be excluded if due care is taken of the vaccifer.

Glycerinated lymph gives rise to a characteristic scab, whereas the scab which follows the use of vaserinated lymph, owing to the inflammation which it sets up, is usually composed of inspissated pus.

Glycerinated lymph appears to be more capable of resisting the effects of a high temperature than vaserinated lymph.

Captain Harvey found also that there was practically no difference in the results obtained by vaccinating with a mixture consisting of 1 part of vaccine pulp diluted with 2 parts of 50 per cent. glycerine, and with a mixture of 1 part of pulp diluted with 4 parts of 50 per cent. glycerine; the use of the latter is, of course, the more economical.

134. The total number of operations performed in Bengal during the year 1902-1903 was 2,781,972, as compared with 2,662,826, in the previous year, and 2,346,311 in 1900-1901. Primary cases numbered 2,592,177 and re-vaccinations 189,795, the corresponding figures in the previous year being 2,529,778 and 133,048.

In both classes of work, therefore, a larger number of operations were performed. The success attending the work was also somewhat better, 98'11 per cent. of the primary cases and 68'07 per cent. of the re-vaccinations proving successful, while in the previous year the rates per cent. were 98'01 and 67'07, respectively.

\* A short account of a similar investigation made by Dr. Srinivasa Rao of Mysore will be found in the *Comptes Rendus* of the Thirteenth International Medical Congress—Section de Bactériologie et Parasitologie, page 96.



The aggregate increase of 119,146 operations was not equally distributed over the whole province: 32 districts show an increase and 17 districts a decrease as compared with the previous year. Striking increases were recorded in the districts of Puri, Sonthal Parganas, and Midnapore. In Puri 35,266 more operations were performed than in the previous year, and in the two other districts mentioned the numbers were increased by over 23,000 cases. The increase in Puri is said to have been due to the employment of a larger number of vaccinators by the District Board, and in the other two districts to the prevalence of small-pox in them, which disposed the people to resort to vaccination. A remarkable decrease occurred in the number of operations performed in the district of Mymensingh, the number being 50,999 less than in the previous year. This decrease is attributed to the fact that a very large number of persons were vaccinated in the previous year on account of the epidemic of small-pox which prevailed at that time, while it is believed that the number of operations in the previous year were overstated. In other districts where decreases occurred, the causes assigned were generally the prevalence of malaria or cholera.

During the year under review it is estimated that 36.05 per cent. of the infants under one year available in the province for vaccination were protected, as compared with 32.06 per cent. in the previous year; while in the municipalities the percentage of protected infants was 72.3. This figure compares favourably with those of recent years, but in some municipalities the rate of infant vaccination is still very low, notably in Calcutta where only 2,626 infants under one year of age were successfully vaccinated out of 7,976 who were available.

Small-pox again prevailed in epidemic form during 1902, the total number of deaths amounting to 57,430 and the ratio per mille of population to .77 as compared with a ratio of .50 per mille in the previous year.

During the year 214,764 primary vaccinations were performed with calf lymph, 399,205 with lanoline lymph, and 1,978,208 by the arm to arm process, the percentages of success by each of these methods being 98.13, 96.75, and 98.38, respectively.

The Nepal Durbar and the Sikkim State received, respectively, 555 and 705 grains of lymph during the year. That supplied to the Nepal Durbar is reported to have given very good results.

With regard to the lymph supply of the province it has been arranged that the Calcutta vaccine depôt will no longer supply lymph to the Calcutta Corporation, and as this sets free a larger supply for the districts, the local authorities have decided that there is no immediate necessity for establishing vaccine depôts in Orissa or at Pusa.

135. The operations during the year numbered altogether 304,121, of which 291,332 were primary operations and 12,789 re-vaccinations. In the previous year the total amounted to 280,827, the number of primary operations being 271,415 and the number of re-vaccinations 9,412, so that the figures for the year under review show a satisfactory increase of both classes of work. The recorded percentage of success in primary operations was 97.90 against 97.48 in the previous year, but in re-vaccinations the percentage of success fell from 81.09 to 77.81.

Assam. Excluding the hill districts where births are not registered, there were 143,769 infants under one year of age available for vaccination during the year;



among these 46,853 vaccination operations were actually performed, giving a protected rate of 32·59 per cent. for the plains districts as compared with 32·60 per cent. in the previous year. In the towns, where the Compulsory Vaccination Act is in force, more than 80 per cent. of the children available for vaccination were protected.

The amount and quality of the work done at the Animal Vaccine Depot at Shillong was very satisfactory. The total number of tubes loaded with vaccine was 401,870, as compared with 395,317 in the previous year, and 387,557 in 1900-1901. The quality of the lymph was generally excellent throughout the year, although unfavourable reports were received from the Sylhet and Sibsagar districts regarding one supply. The vesicles of the calf from which this supply was taken were stated to have appeared to be as good as usual, and the reason why the lymph proved bad was unknown. A few experiments regarding the length of time during which lymph preserved in lanoline remains efficacious are reported by the provincial Sanitary Commissioner. The experiments showed that the lymph as manufactured in Assam, becomes ineffective after having been kept for a month or at the outside six weeks.

Inoculation still continues to find favour with the inhabitants of some parts of the province, especially with those of the Cachar and Sylhet districts.

136. Including those at dispensaries, the total number of operations performed in the United Provinces in 1902-1903 was 1,665,253, as compared with 1,580,195 in the previous year.

United Provinces.

Of this number 1,562,070 were primary cases and 103,183 re-vaccinations, the percentages of success being 97·90 and 88·41, respectively, as compared with 96·02 and 81·55 in the previous year. It is satisfactory to note that despite the greater prevalence of plague in this province during the year under review, the figures show an improvement under all heads as compared with those of previous years. Vaccination in municipalities shows a decrease of 5,365 successful primary operations as compared with 1900-1901, and a proportion of 34·74 persons successfully vaccinated per 1,000 of population as compared with a proportion of 35·89 in the preceding year. In some of the worst protected municipalities, such as Cawnpore, Fyzabad and Gorakhpur, the low rate was attributed to the prevalence of plague.

Of 95,646 infants under one year of age estimated as available for vaccination in the municipalities, 87,725 were successfully operated upon.

Bovine lymph depôts were maintained, as usual, at Lucknow, Bahraich, and Allahabad. The total number of primary operations performed with pure calf lymph was 21,065, the percentage of success being 98·73. In 4,408 operations performed with lanoline lymph the percentage of success was 96·88.

The construction of the buildings for the central calf lymph depôt at Patwa Dangar has been commenced, and it is expected that the depôt will soon be in working order.

137. The total number of operations performed in the Punjab during 1902-1903 was 667,544 as compared with 668,144 in 1901-1902. The number of primary operations rose from

Punjab.

511,121 to 582,626, while the number of re-vaccinations fell from 157,023 in 1901-1902 to 84,918 in the year under review. The increase in the number of primary vaccinations was due to the resumption of work in the plains districts where, in the previous year, it had been thought desirable to restrict vaccination operations on account of the prevalence of plague. The fear that anti-plague



inoculation is to be carried out under the guise of vaccination appears, however, to be felt more by the inhabitants of districts where there is little or no plague than by those of districts where this disease is rife, and the large decrease in the number of re-vaccinations is attributed mainly to the fact that the inhabitants of the Kangra district and the Simla Hill States, fearing that they would be subjected not to vaccination but to anti-plague inoculation, refused to have any operations performed.

The percentages of success as compared with those of the previous year rose from 93·92 to 95·36 in primary cases, and from 58·47 to 61·04 in re-vaccinations.

The numbers of primary operations and re-vaccinations performed in the Native State of Patiala were 45,088 and 9,707; in Kapurthala 6,207 and 39; in Faridkot 4,289 and 1,632; and in Nabha 866 and 1. The percentages of success in primary operations ranged from 98·63 in Patiala, to 88·68 in Nabha.

The number of children available for vaccination in towns was computed to be 59,365; of these 37,103, or 62·50 per cent were protected. The Vaccination Act was not extended to any new town during the year, and in Delhi, Jullundur and some other towns a very large number of children remained unprotected. The prevalence of plague in many of the towns doubtless interfered to some extent with the work, but the provincial Sanitary Commissioner is of opinion that the chief causes of the slow progress of vaccination in the towns are the apathy of the people and the want of interest shown by members of municipal committees.

138. There was a marked improvement in the primary vaccination work carried out in this province during 1902-1903 as compared with that of the previous year; a total of 82,352 primary operations being performed against 63,321 in 1901-1902. The number of re-vaccinations increased from 7,672 to 7,941. The percentage of success in primary cases rose from 91·03 to 93·54, but in re-vaccinations it fell from 75·18 to 69·84.

North-West Frontier Province.

Of the ten municipal towns in the province the Vaccination Act is in force in two only, *viz.*, Dera Ismail Khan and Bannu. In Peshawar city out of a total of 1,688 children under one year of age available for vaccination only 942, or 55·81 per cent. were successfully operated upon. The extension of the Act to Peshawar city is, however, under consideration.

Both animal and preserved vaseline lymph were used, the former showing a percentage of success in primary cases of 93·4 and in re-vaccinations of 70·1, and the latter success at the rates of 89·5 and 74·0 per cent., respectively.

In the Kohat district efforts to convert inoculators to the principles of vaccination have not been successful, but in the Mardan sub-division several inoculators were induced to come in and learn how to vaccinate.

139. The figures relating to vaccination in the Central Provinces include the work of the Feudatory States vaccination establishment and all the dispensary operations in the province.

Central Provinces.

In regard to the Feudatory States in the Chattisgarh Division, however, the figures given for the year under review relate to the work of nine months only, *viz.*, from the 1st of April to the 31st of December 1902. The total number of operations performed by all agencies during the year 1902-1903 was 464,051, of which 398,065 were primary cases and 65,986 re-vaccinations, the percentage of success in primary operations being 97·13 and in



re-vaccinations 85·14. In comparing the results of vaccination during the year under review with those of the previous year the figures for Feudatory States must, for the reasons given above, be excluded. Excluding also the figures relating to vaccination operations performed in dispensaries, there were 339,139 primary operations in British districts and 44,390 re-vaccinations during 1902-03 as compared with 269,270 and 53,409, respectively, during the previous year. While, therefore, the number of primary operations increased by 69,869, the number of re-vaccinations diminished by 9,019. The percentage of success in primary cases rose from 96·87 to 97·39, and in re-vaccinations from 83·56 to 85·14.

In all the districts, except two, an increase in the number of primary vaccinations was recorded, a result which is attributed mainly to the very high birth-rate of 1902 combined with a comparatively low infant mortality. Commendable activity was also displayed by the vaccination staff in some districts.

Of 357,679 children under one year available for vaccination in British territory during the year, 283,891 or 79·37 per cent. were successfully vaccinated. Low percentages were recorded in the districts of Chanda, Nagpur, and Jubbulpore, the poor results in the last two districts being attributed partly to the prevalence of plague. The provincial Sanitary Commissioner remarks, however, that plague was present in other districts without a corresponding decline in vaccination work.

Re-vaccination is said to be generally unpopular, and in the Damoh district it was interfered with by a rumour that it was really anti-plague inoculation. But the rates in different districts vary greatly, and it appears evident that in some districts sufficient attention is not paid to this class of work.

The Vaccination Act was not extended to any additional town during the year and only about 65 per cent. of the available children under one year of age in the towns, were successfully vaccinated, as compared with 73·40 per cent. in the previous year. Vaccination of young children is very defective in many municipal towns to which the Act has been extended, but it is said that improvement in this respect is anticipated during the next year.

About one-half of the operations in British territory were performed with fresh calf lymph and the percentage of success was somewhat higher than in the previous year, being 96·09 against 95·63. The results obtained with glycerinated lymph were also more satisfactory than in 1901-1902, the percentage of successful cases being 95·25 as compared with 90·96 in that year. It is noted that while with the lymph prepared at Bhandara the percentage of success in primary vaccinations was 99·81, with that prepared at Seoni, failure resulted in three-fourths of the cases.

140. The total number of operations performed during 1902-1903 in Berar was 141,064, or 20,646 more than in the previous year. Of this number 117,559 were primary cases and 23,505 re-vaccinations, which shows an increase of 35,263 primary operations and a decrease of 14,617 re-vaccinations, as compared with the previous year's work. The percentages of success were 96·8 in primary cases and 16·5 in re-vaccinations, the corresponding figures for the previous year being 96·6 and 18·3.

Vaccination in municipal towns is compulsory and the number of available infants under one year of age, successfully vaccinated during the year under review, compares somewhat unfavourably with the number so protected in the previous year, the percentages being 82·6 and 93·9 respectively. In three of the towns the decrease in the number of infants vaccinated is attributed to severe outbreaks of plague.



As in the previous year lanclinated lymph was used exclusively, and as the department was able to work below the sanctioned scale of establishment, the cost of each successful operation was nearly one anna less than in that year.

141. An increase in the total number of operations performed by all agencies in the presidency was again recorded during 1902-1903, the number being 1,332,209 as compared with 1,325,106 during 1901-1902. The increase occurred entirely in Local Fund areas, in the municipalities there was a decrease of 11,210 cases, which is variously accounted for by the prevalence of plague, the disappearance of small-pox, the neglect of re-vaccination and paucity of cases available.

In six districts, against nine in the previous year, a decrease in the number of operations performed was recorded, the main reasons assigned being generally, as in 1901-1902, insufficiency of staff, the presence of plague, and insufficiency of lymph.

The total number of re-vaccinations fell from 89,910 to 81,447.

The percentages of success in primary cases fell from 89·41 to 89·08, and in re-vaccinations from 69·00 to 68·91.

In municipalities an average of 67 per cent. of the available children were successfully vaccinated as compared with 66 per cent. in 1901-1902, but in only 38 towns was the ratio of 75 per cent. or more, against 47 in the previous year.

A vaccine institute is about to be opened at Guindy.

142. Small-pox was less prevalent in Coorg during 1902-1903 than in the previous year, but the total number of operations performed rose from 9,772 to 11,407, of which 9,594 were primary cases and 1,813 re-vaccinations, as compared with 8,416 and 1,356 respectively, in the previous year. At dispensaries 345 persons were vaccinated, against 320 in 1901-1902.

The percentages of success were 94·8 and 80·4 in primary cases and re-vaccinations respectively, the corresponding figures for 1902-1901 being 93·5 and 74·2.

The average cost of each successful case of vaccination in the whole province was 4 annas and 3 pies, while in one municipality it was 7 annas and 10 pies and in another 14 annas and 5 pies.

143. There were 537,744 persons primarily vaccinated and 41,141 re-vaccinated in the Presidency during 1902-1903, against 471,233 and 50,473, respectively, during the previous year—an increase of 66,511 primary cases and a decrease of 9,332 re-vaccinations. In the total number of operations there was an increase of 57,179.

In primary vaccination there was a decrease in the Southern and Sind Registration Districts and in re-vaccination a decrease in all the districts except the Presidency Circle. This is attributed in the Southern district mainly to the presence of plague and in the Sind district to a large amount of sickness.

The percentage of success rose in primary vaccination from 91·9 to 92·9, but fell in re-vaccination from 59·9 to 55·7. The percentage of cases in which the results were unknown rose from 6·71 in 1901-1902 to 7·80 in the year under review.

The number of infants successfully vaccinated in the Presidency (exclusive of Native States and Aden) was 364,513, or 71·85 per cent of the available number.

The quality of lymph in use throughout the year was reported to be good. Both human and bovine lymph were used. About nine-tenths of the operations were performed with the former, the average percentage of success attained being 91·5. Animal lymph gave an average of 82·6 per cent, of success and was



used in about one-tenth of the operations. With lanoline paste 5,525 operations were performed with a success of 84·18 per cent.

144. The total number of operations performed during the year under review, including those performed at dispensaries, was  
Burma. 381,773, of which 354,629 were primary and 27,144 re-vaccinations; the corresponding figures for 1901-1902 being 360,224, 333,657 and 26,567 respectively. Although the number of operations performed was greater than in the previous year, the ratio of success was lower, only 86·9 per cent. of primary cases and 48·15 per cent. of re-vaccinations being successful, as compared with 90·1 per cent. and 51·0 per cent., respectively, in 1901-1902.

The increase in the number of vaccinations occurred entirely in Upper Burma. The falling off in Lower Burma was ascribed to the predilection of the people for inoculation, to the indifferent class of men who seek employment as vaccinators and to the closer supervision of their work.

The reason for the lower rate of success in operations is not stated, and the quality of the lymph supplied from the new vaccine depôt at Meiktila was said to be on the whole satisfactory. The results reported by Civil Surgeons were, however, not always in agreement and a supply which was reported to have given successful results in 92 per cent. of cases in one place was said to have totally failed in all cases in another.

The Vaccination Act is in force in all municipal towns, but it is said that in Lower Burma the people fully understand that vaccination is not compulsory outside municipal limits, nor inoculation illegal, so that villages which willingly submitted to vaccination in past years now hold aloof altogether on one pretext or another.

145. There was a distinct improvement in the vaccination work carried out in this small province during 1902-03 as compared with the previous year. The total number of operations performed during the year under review was 12,992, as compared with 10,841 in 1901-1902. Of this number 12,948 were primary cases and 44 re-vaccinations, the corresponding figures for the previous year being 10,831 and 10, respectively.  
Ajmer-Merwara.

The success in primary operations was practically the same as in the previous year, *viz.*, 99·18 per cent. as compared with 99·2 per cent. In re-vaccinations it rose from 80·0 per cent. to 86·36 per cent.

146. The usual statistics relating to vaccination operations performed among European and Native troops will be found in Statement III of the Appendices to this section.  
Vaccination among troops.

## SECTION VIII.

### SANITARY WORKS.

147. Excluding Calcutta and including two new municipalities at Tallygang and Giridih, there were 157 municipalities in Bengal during 1901-02, as compared with 155 during the preceding year; and their total income, including an opening balance of Rs. 6,05,014, amounted to Rs. 51,62,352, of which 43·41 per cent. was spent on original and recurring sanitary works, 9·89 per cent. on roads, 5·58 per cent. on public safety, and 29·32 per cent. on all other requirements, the corresponding figures for 1900-01 having been 44·48, 9·14, 5·29, and 28·90, respectively.

The total expenditure on sanitary works amounted to Rs. 22,54,504, or 43·41 per cent. of income. The expenditure on the principal items was, roundly, 12½ lakhs on conservancy, 2½ lakhs on water-supply, and 1¾ lakhs on drainage. The expenditure under the head of conservancy shows an increase of Rs. 80,087, while that under water-supply and drainage decreased by Rs. 1,638 and Rs. 29,346, respectively. Only ten municipalities, or three less than in the preceding year, spent over 10 per cent. of their income on original sanitary works, 17 against 19 spent between 5 and 10 per cent., 74 against 77 spent below 5 per cent., while 56 against 46 spent nothing on this account.

The total cost of various new works carried out by municipalities, district boards, Government and private individuals, either completed or in progress amounted in towns to Rs. 3,28,596, against Rs. 4,20,588 in the previous year, and in rural areas to Rs. 7,22,249, against Rs. 6,05,194. No new work of first class importance was either commenced or finished during the year.

Only one meeting of the Sanitary Board was held during the year. The principal subjects discussed at this meeting were the Howrah drainage scheme, the Gaya conservancy tramway scheme, and the septic tank system of sewage disposal. The preliminary estimates for a drainage scheme for the Bihar Municipality were in course of preparation, but no detailed estimates for any project were prepared in the Board's office during the year.

Plans and estimates were considered and opinions given on twelve important water-works and drainage schemes, among them, the extension of the Maniktollah water-supply scheme, which after revision by the Sanitary Engineer estimated to cost Rs. 1,83,992, was submitted to Government for sanction; the remodelling of the Darjeeling water-supply; the Mymensingh water-works extension scheme, and the Howrah drainage scheme. The Board dealt also with a number of miscellaneous references made to them by Government and by local authorities. The Sanitary Engineer paid visits to the municipalities of Dacca, Mymensingh, Howrah, Berhampore, Utterpara and Patna, either for the inspection of water-works, sanitary works, or in connection with drainage schemes.

148. Excluding four small towns which have no separate income, the total income of the municipalities, stations, unions, and towns in Assam was Rs. 2,17,895, as compared with Rs. 2,24,132 in 1901. The expenditure on sanitation amounted to previous Rs. 1,17,243, or 53·81 per cent. of the total income against 55·29 per cent. in the year.



Under conservancy Rs. 69,837 was spent against Rs. 72,951 in 1901; under water-supply Rs. 27,537 against Rs. 22,198; under drainage Rs. 9,597 against Rs. 10,955, while the balance was spent on minor sanitary works (Rs. 9,902), markets and slaughter-houses (Rs. 4,604), and vaccination (Rs. 1,159). The proportion of income spent by local bodies on sanitation ranged from 88·67 per cent. in the small town of Mangaldai to 22·58 per cent. in the town of Lakhimpur. Many minor sanitary improvements were effected by local boards in rural areas during the year, chiefly in connection with the extension and conservancy of the sources of water-supply.

The Board held two meetings during the year, and at other times business was conducted by the exchange of notes among the members.

Sanitary Board.

149. No details regarding municipal or district board income, or of the expenditure on sanitation, are furnished in the provincial report.

United Provinces.

No new sanitary work of first-rate importance was undertaken during the year, but great advance was made towards efficiently draining sites and removing sullage water from the inhabited areas in the larger centres of population. At Allahabad, Cawnpore, Lucknow, Benares, Far rukhabad and Aligarh, large and important drainage works are under construction. At Benares the Dibdin system contact filters were in use throughout the year, except during the rains. They worked well, the effluent being of a high standard and odourless. Other important projects in connection with drainage at Saharanpur, Kosi, Hathras, Haldwani, Deoband and Dehra Dun were either under consideration or actually sanctioned during the year under review, and at Mussoorie important sanitary improvements, towards the completion of which Government has granted half a lakh of rupees, were about to be commenced. In addition to this, the local Government has recognized the importance of an active sanitary policy as an integral part of the campaign against plague, and made a special allotment of Rs. 60,000 for experiments in improving the village water-supply, besides granting a subsidy of two lakhs of rupees to the more impoverished municipalities to assist them to carry out urgent sanitary measures which have been suspended for want of funds.

The amounts of filtered water supplied per head of population in the towns in which water-works are in operation were as follows. At Benares 15 gallons per head *per diem*; at Lucknow 5 gallons; at Cawnpore over 13 gallons; at Agra  $9\frac{1}{2}$  gallons; at Allahabad 10 gallons; at Meerut about 4 gallons; at Dehra nearly 7 gallons; at Mussoorie over 9 gallons; and at Naini Tal 4 gallons.

Five meetings of the Sanitary Board were held during the year, when projects and estimates amounting to Rs. 10,93,921 for improving the sanitary condition of several municipalities were considered. A scheme for improving the drainage of Aligarh; another for flushing the drains at Saharanpur; and a third for constructing a *pucca* drain and culverts in Pilibhit were approved, and the Board also considered and recommended for sanction a project for branch sewers at Cawnpore, to cost Rs. 4,33,000. Various schemes for the extension and improvement of existing works for water-supply were also approved or considered, and plans for slaughter-houses and markets also received attention. The reports on the working of the Village Sanitation Act during 1901 were considered, and the Board

Sanitary Board.



passed a resolution that the improvement shown in the condition of sources of water-supply and in miscellaneous sanitary improvements of villages was satisfactory.

150. No details of municipal incomes or of the expenditure by municipalities on sanitary works are furnished by the Sanitary Commissioner of the Punjab in his report for the year under review.

The Sanitary Engineer gives a list of the projects prepared in his office or under his supervision during the year, as well as a list of sanitary works under construction. The sewerage system of Simla has been extended to serve all parts of the station, and there are now five distinct systems, which work independently, and lead to five different outfalls in the valleys below the station. A sufficient quantity of water is available in the streams at each of these outfalls in the driest time of the year to dilute the sewage to a strength of 10 gallons per head. At each outfall there will be disposal works where the sewage will be treated before it is discharged into the stream. The laying of all the mains (about 18 miles) was practically completed by the end of the year, but the disposal works were still in the experimental stage. At the main outfall an installation, consisting of a septic tank and a continuous filter, was under trial during the year under review. A larger installation to treat 40,000 gallons of sewage a day was under construction at the end of the year at the Kasumpti outfall. A project amounting to Rs. 92,300 for the drainage of the Simla bazaars was sanctioned and the work put in hand. An estimate for enlarging the existing distribution system of water-supply in Simla was also submitted for sanction. Work on the Amritsar water-works was commenced and was making good progress at the end of the year, but little or no progress was made with the drainage projects. In Umballa the extra-mural portion of the drainage scheme was commenced and was well advanced at the end of the year, and good progress was also made with the drainage works of Lyallpur; at Lahore, sanction was obtained to the trial of a deep tube boring on Hughes and Lancaster's air lift system to raise water from a depth of 160 feet below ground surface.

The project sanctioned for increasing the water-supply of Kalka, at a cost of Rs. 42,837, was transferred to the Chief Engineer of the Kalka-Simla Railway for execution. The expenditure will be defrayed jointly by the Punjab Government, the East Indian Railway and the Kalka-Simla Railway.

As regards rural areas, a considerable amount of activity was displayed by most district boards. The district board of Rawalpindi paid a reward of Rs. 155 which was distributed in three prizes, to village communities for improved sanitation, and similar rewards were offered by other boards. Sanitary note-books were in use in most districts and are reported to supply valuable information to the inspecting officers regarding sanitary improvements.

The Sanitary Board of the Punjab met seven times during the year. The drainage schemes of the Simla bazaars, of Rawalpindi, Mooltan, Ferozepore, Gojra, Toba Tek Singh, and Sangla, as well as schemes in connection with the extension or improvement of the water-supplies of Simla, Amritsar, and Lahore, were considered and approved; the attention of the Board was also directed to the question of the selection of sites for new towns and other matters. To assist the execution of urgent sanitary works, shelved for want of funds, the local Government has decided to place an annual grant at the disposal of the Sanitary Board to enable it to contribute towards the cost of such works up to one-third the



total cost. Further, an annual grant of Rs. 2,500 has been sanctioned to meet charges connected with experiments the Board may consider likely to assist in furthering the cause of sanitation and the execution of small works which would be delayed if formal sanction had to be obtained.

151. The aggregate income in 1902 of the municipal towns in the North-West Frontier Province amounted to Rs. 5,17,165, the balance in hand at the beginning of the year being Rs. 1,61,961; and the amount expended on sanitary works was Rs. 1,34,093, or 25·9 per cent. of the income. This expenditure was incurred under the following main headings, the figures in brackets representing the expenditure under the same headings during 1901: conservancy establishment Rs. 69,606 (61,106); paving of streets Rs. 9,328 (10,187); roads and bridges Rs. 15,330 (12,541); drains and sewers Rs. 15,156 (15,922); water-supply Rs. 22,155 (28,989); construction of latrines Rs. 1,138 (1,009); widening streets Rs. 904 (2,799); repairs to latrines Rs. 476 (2,168).

The income derived from the sale of manure and street sweepings in all the municipal towns was Rs. 16,437, or Rs. 777 less than in the previous year.

No new work of capital importance was undertaken during the year, but in Peshawar city the water-supply was extended at a cost of Rs. 12,054 and a number of new surface drains constructed and old ones repaired at a cost of Rs. 10,545. In other parts of the province new wells were constructed, old ones cleaned, new pipes for drinking water were laid, and attention was given to various other minor sanitary matters.

No rewards appear to have been paid or *khilats* given to village communities during the year for special interest taken in sanitary improvements; and, so far, the village sanitary note books do not appear to have been useful.

152. The total income of the district head-quarters municipalities of the Central Provinces during the year 1901-1902, excluding opening balances and receipts under the heads of "Grants and Contributions for general and special purposes" and "Extraordinary and Debt," amounted to Rs. 10,95,494 against Rs. 10,50,928 in the previous year. Of the total income, 31·78 per cent. was spent on sanitary works (original and recurring), 4·76 on medical relief, 0·07 on vaccination and 1·37 on other sanitary requirements.

The chief sanitary works undertaken were in connection with the extension or completion of the water-supply projects of Nagpur, Bhandara, and Khandwa; Rs. 2,025 were also spent on the drainage survey of Nagpur. A number of minor works were carried out by municipalities, chiefly in connection with the construction and repair of drains and the improvement and extension of water-supplies.

As regards rural areas, expenditure was chiefly incurred in connection with general conservancy, including under this head the clearing of village sites.

During 1902 the Sanitary Board of the Central Provinces met in thirteen stations, the work done under their direction being chiefly in connection with the construction and repair of wells and the clearing of village sites.

153. The estimated income of the municipalities in Berar during 1902 was Rs. 2,72,222, as compared with Rs. 2,63,733 in the previous year. The total expenditure, on sanitary measures under all heads, was Rs. 1,08,889, or 40 per cent. of income as compared



with 36 per cent. in the previous year. Outside the municipalities a total sum of Rs. 71,773 was expended by district boards, chiefly on drainage (Rs. 6,491), water-supply (Rs. 17,415), and "domestic cleansing" (Rs. 45,849). In 1900 the district boards spent Rs. 1,07,901 and in 1901 Rs. 77,133, so that the sum spent during the year under review shows a considerable fall.

The Sanitary Board met once at each head-quarter station during the year to consider what had been done by local bodies on the recommendations of the Sanitary Commissioner as contained in his survey remarks in past years on towns and villages in the province.

154. No details regarding income or expenditure are furnished in the provincial report. The Cocanada water-works, begun in 1900, were well advanced at the end of the year under review; and Vizagapatam received its water-supply before the end of the year. Considerable grants were made to the towns of Madras and Ootacamund for the purpose of effecting sanitary improvements, and various schemes in connection with the water-supplies or drainage of Vellore, Saidapet, Masulipatam, Madura, Negapatam, Guntur, Kodaikanal, Dindigul, Adoni, Bezwada, Cuddapah, Ellore, Nellore, Trichinopoly, and Yercaud were considered and dealt with.

Slow but steady improvement is being made in the conservancy of towns which is largely attributed to the influence of certificated Sanitary Inspectors, of whom 110 are now employed by municipalities. Bacterial filters are gradually coming into use. Sewage farms or gardens continue to be worked with success where established. Cropping over night-soil trenches, more especially as an object lesson to ryots, is pursued at Erode, Cocanada, Rajahmundry and Palni.

Steps have been taken to execute certain works in the vicinity of Guindy, to carry out experiments to ascertain what particular method of filtration of sewage would be most effective and whether it would pay the ryot to erect rough filters for filtering town sewage to secure the effluent as manure.

The Sanitary Commissioner observes that a condition of stagnation has overtaken municipal efforts in regard to sanitary improvement since free grants to aid large works have been discontinued. Although conditions prevent help being given as easily as before, some progress was made during the year. The Presidential Government is, however, of opinion that in rural sanitation too little attention is devoted to the execution of works of permanent improvement, such as the efficient protection of wells, the construction of drains, and the provision of simple and serviceable latrines, while too large a proportion of the available funds is spent on establishment.

During the year the Board scrutinized the plans and estimates of 123 sanitary works, of which 52 were for municipalities, 66 for Local Fund Boards, 4 for the Collector of Salem and 1 for the Collector of Madura, the aggregate estimated cost of the projects being Rs. 16,62,493.

The following were among the more important schemes and estimates considered :—

- (1) The water-supplies of Guntur (Rs. 5,13,400) and Tiruvannamalai (Rs. 1,77,000).



(2) A scheme to connect the Cuddapah water-works with the Peddagadi natural reservoir (Rs. 1,50,000).

(3) Hospitals at Madura (Rs. 1,03,500), Bezwada and Nandyal.

155. Particulars regarding the income and expenditure on sanitation of the municipal towns or of the district boards are not given in the provincial report ; but beyond the construction of surface drains in the Mercara municipality no expenditure on sanitation calling for special remark was incurred.

No regular meetings of the Sanitary Board were held during the year, and the only question of importance to which attention was directed was the expedience of controlling wet cultivation within municipal limits as a preventive measure against the spread of malaria, and the extension of such cultivation was prohibited by a resolution of the Municipal Committee.

156. Excluding the Presidency town, there were 165 municipalities in Bombay during the year 1901-1902 ; and their aggregate income amounted to Rs. 62,23,667. Out of this sum Rs. 14,22,475 were expended on improving water-supply, on drainage and on conservancy within municipal limits.

The income of the local boards during the year 1901-1902 amounted to Rs. 44,38,842, of which Rs. 1,61,172 were spent on water-supply and drainage.

The Bombay Village Sanitation Act of 1889 has been introduced into 294 villages, but it is explained that owing to famine and plague, which claimed the attention of district officers, no progress was made.

The drainage works of Ahmedabad city, estimated to cost about 11 lakhs, were commenced.

The number of meetings of the Board is not reported, but their attention during the year was occupied with projects and proposals in connection with the water-supplies of Poona city, Ahmedabad, Hyderabad (Sind), and Sukkur, as well as in connection with the drainage of Poona, Ahmedabad, and Nadiad.

The experiments on the Manjri experimental sewage farm were commenced in February 1902. The septic tank and bacteria beds worked satisfactorily and the crops irrigated by the effluent from the tank and by the filtrate from the bacteria beds were equally good.\*

157. The aggregate income of the 42 municipalities in Burma during 1902, including opening balances, amounted to Rs. 89,46,075 against Rs. 66,03,537 in the previous year. Out of this sum Rs. 44,06,505, or 49 per cent. were spent on sanitary works, as compared with 35 per cent. spent in 1901.

On rural sanitation Rs. 1,73,444 were spent during 1902 as compared with Rs. 1,49,338 during 1901.

At Rangoon a substantial addition was made to the water-supply by means of tube-wells sunk in the Ahlone quarter. These wells yielded from 400,000 to 500,000 gallons of pure and potable water per day.

More than half the work on the Hlawga water-supply scheme was completed and it was anticipated that the whole work would be finished in 1903.

\* A full account of these experiments will be found in the Agricultural Ledger, 1903, No. 2. "The agricultural value of city sewage in India" by J. W. Leather, Ph. D., F.I.C., Agricultural Chemist to the Government of India, and J. Mollison, M.R.A.C., Inspector General of Agriculture in India.

A water-supply scheme for Akyab at a cost of nearly 4 lakhs has been submitted to the Sanitary Board for approval, and a scheme to improve the water-supply of Prome, at an estimated cost of over a lakh and a quarter, has been undertaken. Steady progress is being made in the surface drainage of Prome which affords an example of carrying out the work piece-meal year by year till completed instead of waiting indefinitely until funds can be found to carry out the complete work.

At Mandalay Rs. 19,737 were spent on surface drainage. In connection with water-supply and conservancy, however, but little progress has been made. At Moulmein the water-supply scheme to which reference has been made in previous reports is under construction, and the work is said to be well advanced.

The sinking of a tube well for the Shwebo Cantonment at a cost of over Rs. 4,000 was sanctioned.

Three meetings of the Sanitary Board were held during the year—one at Akyab and two at Rangoon. At these meetings projects and estimates for sanitary work were considered, chiefly in connection with the water-supply and drainage of Akyab, the water-supply of the town of Myingyan, and the formation of railway towns at Khamonseik and Tharrowan. It is represented that local authorities do not at present regularly consult the Board.

**Sanitary Board.**

158. The total expenditure on sanitary and other military works in India in 1902-1903 amounted to Rs. 1,39,99,468 against Rs. 1,23,41,880 in the preceding year. Details regarding new works and improvements in some of the more unhealthy cantonments will be found in the statement appended to tables V and XXX at the end of the volume.

**Military Works.**





## SECTION IX.

### GENERAL REMARKS.

159. On account of the continued prevalence of plague at the end of 1901, the Government of India again found it necessary to impose restrictions with regard to pilgrimage to the Hejaz, and in view of the stringent quarantine rules of the Turkish Government and the inconvenience likely to be experienced by Indian pilgrims in Arabia, all who intended making the journey were again advised to defer their visit to another season. Karachi had been declared a plague-infected port, so it was closed for the embarkation of pilgrims, but arrangements were made at Porbandar in the Bombay Presidency, and at Chittagong, for the embarkation of pilgrims from areas unaffected by plague. At these two places alone could tickets for the voyage be purchased, and persons permanently or temporarily resident in any infected places were not permitted to embark. At Porbandar and at Chittagong observation camps were established, where the pilgrims, after disinfection of their clothing and other effects, were detained for the usual period of observation before embarkation. Pilgrims from uninfected parts of the Madras Presidency were kept under observation for ten days, and their clothing and effects disinfected in camps established in the Presidency, and then despatched by sea from ports other than Madras to Porbandar.

Seven steamers carrying in all 3,609 pilgrims left Chittagong, and three steamers carrying 1,057 pilgrims left Porbandar. Two cases of small-pox occurred on one of the steamers from Porbandar, but the disease did not spread among the pilgrims, and no case occurred during the period of their detention at Camaran.

The total number of deaths among the Indian pilgrims at sea *en route* to Camaran was 23, the principal causes of death being senile debility, chronic heart and lung affections, and malaria.

The health of the pilgrims during their detention at Camaran was particularly good, and no plague, cholera, or other infectious disease made its appearance on the island. Among British Indians 13 deaths are reported to have occurred while at this place. It is said that the hospitals in the camps are very badly ventilated, that they have no water-supply laid on, and that they are without any lavatory, kitchen, or latrine, set apart for the sick.

A serious outbreak of cholera occurred in the Hejaz, but British subjects suffered only slightly.

One vessel only, the S. S. *Ahmadi*, brought returning pilgrims to Bengal during 1902. She left Jeddah with 458 pilgrims, of whom 441 were landed at Diamond Harbour and, after disinfection of their clothing and effects, were sent to their homes by rail. Seventeen deaths in all occurred on the ship during the voyage, but no one of them was due to infectious disease.

The pilgrims returning to Bombay numbered 3,570 and were conveyed by 13 vessels, some of which made more than one journey. During the voyage of the S. S. *Vadala* one case of small-pox occurred, the patient being removed to hospital on shore at Bombay. The remaining pilgrims were vaccinated and their clothing and bedding thoroughly disinfected. On the other pilgrim vessels there was no sickness of an infectious nature among the crew or passengers. Pilgrims whose homes were up-country or beyond the frontier were not allowed to enter the town, but were handed over to the Protector of Pilgrims to be sent direct from the disinfection sheds to their homes by rail.



The dues levied at Camaran on Indian pilgrims amounted to  $68\frac{3}{4}$  piastres equivalent to Rs.  $12\frac{1}{2}$  at the rate of exchange current there, and the British Vice-Consul complains of the exceedingly unfair rate at which the amount due is converted into Indian currency; for while it appears that £1 sterling realizes 109 piastres, its equivalent, when proffered in rupees, realizes only  $82\frac{1}{2}$  piastres. He recommends that as the sanitary administration would not suffer by a fairer rate of exchange—the staff alone effecting a profit at the expense of the Indian pilgrims—the Sanitary Board at Constantinople should accept Indian coinage at the rate of 7 piastres to the rupee, as was formerly the case, instead of at the rate of only  $5\frac{1}{2}$  piastres as at present.

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160. It is satisfactory that from the point of view of health, as well as in other respects, the Coronation Durbar at Delhi was a remarkable success. The collection on one spot of such a large number of natives from all parts of India, rendered the importation of many cases of disease not only possible but probable, but it was effected with the occurrence of only a very few isolated cases of plague, which did not act as foci for the spread of the disease. The difficulties to be contended with in the creation on the bare plain of a large town of about 100,000 inhabitants, with four suburbs each containing from five to ten thousand people, for all of whom adequate arrangements for the supply of food, water, hospital accommodation, conservancy, etc., had to be made, were necessarily great, and it speaks well for the forethought and organising powers of the officials entrusted with the formation of the camps that all the arrangements worked so perfectly and that no hitch occurred. There was abundance of food, and the establishment of a public market by the Supply and Transport Department prevented prices in Delhi from rising much, if at all, above the normal. The supply of water in the central camps was unlimited: drawn from the Jumna above Delhi it was passed through the filter beds of the Delhi waterworks, and distributed through all the camps in pipes, so that contamination was impossible.

The conservancy arrangements, devised and carried out by Lieutenant-Colonel Thornhill, Executive Sanitary Officer and Special Magistrate for the Durbar, were a perfect success. A liberal supply of latrines and of removal staff and plant, ensured the rapid disposal of the night-soil, and no accumulation ever occurred. Special roads, metalled and lighted, were made to the trenches, and as the carts worked at night, they were never in evidence.

The medical and sanitary arrangements were under the control of the Durbar Medical Staff, composed of Lieutenant-Colonel C. J. Bamber, I.M.S., as Administrative Medical Officer, Major F. Wyville-Thomson, I. M. S., as Special Health Officer, and Captain C. H. James, I. M. S., as Special Plague Officer, with a staff of two Assistant Surgeons and eight Hospital Assistants. In addition, each provincial Government and Native State brought its own medical officer and subordinates, with tents and equipment for a small hospital. An outdoor dispensary in charge of a Hospital Assistant had been established in the central camp in June for the treatment of natives employed on the Durbar works. This proved very useful, 5,000 cases being treated between the end of June and the end of January. A civil followers' hospital of 32 beds had also been established for all natives not otherwise arranged for, and for any overflow cases from the central camps. Separate arrangements were made by the Durbar Medical Staff for the segregation and treatment of cases of infectious disease; and to

enable any outbreak of plague to be effectually dealt with, special regulations for the Durbar area were issued by the Punjab Government, giving the Central Committee general control over plague operations, and detailing the steps to be taken and the rules to be observed on the appearance of plague. Four segregation hospitals, fully equipped in every respect, were erected at different points. Fortunately these arrangements were never severely taxed, for only ten cases of plague occurred altogether. Although these cases occurred in eight different camps, in no instance did a second case follow the original one—a result which was doubtless due to the open-air life in tents, to the prompt recognition of the disease, and to the rapidity with which preventive measures were taken. The Durbar was practically free from other infectious diseases. No cholera appeared, and there were only five cases of small-pox, all in the military camps. As regards general diseases the camps were very healthy, and owing to the warm weather and freedom from rain and cold winds, chest diseases and pneumonia were not frequent or severe. The total number of cases treated in the civil followers' hospital and reported by the medical officers of the different camps

	Cases.	Deaths.
Malarial fever ... ..	1564	4
Pneumonia ... ..	365	22
Other chest diseases ... ..	1570	11
Dysentery and Diarrhoea ... ..	548	3
All other causes ... ..	2828	29
Total ... ..	6875	69

(excluding all the troops) for the period from the 20th of December to the 10th of January, is shown in the accompanying table, but as the medical officers in many cases included their out-patients in the returns,

the figures show a large excess over the actual number of serious cases in hospital.

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161. The important test experiments on measures for the prevention of malaria, which were commenced in Mian Mir in April 1902, have been carried on up to the present time. A summary of the results obtained at the end of the fever season of 1902 was given in last Report, and the narrative may be continued here. It will be remembered that, although the operations during the summer had brought about a reduction in the numbers of adult *anopheles* mosquitoes, yet, in spite of the checks upon their breeding, adult *A. culicifacies* and *A. Rossii* could be readily found in houses in the area of operations from July to November. During the latter month and the next the numbers of adult *anopheles* present in the houses and the numbers of larvæ in the breeding places decreased very rapidly, until at the end of December not a single adult *anopheles* could be found. A similar disappearance of adults was, however, observed in parts of the cantonment where no operations had been carried on, and in villages far removed from Mian Mir, so that their absence from houses in the area could not be ascribed to the effect of the operations. It was found, however, that although all adult *anopheles* had disappeared, a number of larvæ of *A. culicifacies* still remained alive, in a more or less "hybernating" condition, in permanent pools and other collections of water. The operations during the winter were therefore directed chiefly towards the destruction of all these "hybernating" larvæ within a wide radius of the area of operations. As no new batches of eggs or larvæ appeared in pools which had once been freed of them, this was a



comparatively easy task, and before the end of the winter all larvæ were destroyed within a radius of nearly two miles in every direction from the outer limits of the area. The limit of flight of *anopheles* mosquitoes is usually considered to be about half a mile, and as at the end of the winter no adults or larvæ were present within two miles of the area, it was a matter of considerable interest to see whether they would reappear in the area in the spring. This matter was not long in doubt, for at the end of April it was noticed that larvæ of *A. culicifacies* were being washed down into the area along the irrigation canals from places outside, and soon afterwards a few adults of this species were found in the houses of the area. Other methods by which adult *anopheles* mosquitoes reached the area were found to be (1) by flight over a comparatively long distance; (2) by the gradual spreading of adult mosquitoes in all directions from areas in which they were abundant; (3) by the introduction of adult *anopheles* into the area in carriages, carts, and other vehicles. When all these methods are taken into consideration it is not surprising that, in spite of the vigorous operations during the winter, *anopheles* mosquitoes were again almost as prevalent in the area at the end of May as they had been soon after the beginning of the previous year's work. The results of one year's work could not, however, be regarded as conclusive, and the task of controlling the breeding of *anopheles* mosquitoes was again taken up under more favourable conditions than in the previous year; for the staff of labourers knew their work, a large number of permanent breeding places had been done away with, and the canals had been thoroughly cleaned and repaired. At the commencement of July, Captain James handed over the control of the operations to Lieutenant S. R. Christophers, under whose direction they were carried on throughout the summer and autumn.

In the main the operations were similar to those of the previous year. The extent of area treated was, however, enlarged, and the destruction of breeding places carried out up to three quarters of a mile from the Royal Artillery barracks and bazaar.

The operations against *anopheles* were mainly directed against larvæ, and the permanent removal of all breeding places within the area was, as far as possible, attempted. The nature of some of the breeding places (*i.e.*, more especially the irrigation channels) did not allow of this, and the larvæ were destroyed by kerosene oil at short regular intervals.

A most important part of the operations consisted, as in the previous year, of measures directed against the breeding in the irrigation channels of *A. culicifacies*, this species being apparently chiefly concerned in the spread of malaria in Mian Mir. The "cleaning" of the canals, which had been continuously kept up, had appeared to lessen the numbers of larvæ present, but, as the season advanced, larvæ of *A. culicifacies* became more and more abundant and it was found necessary, in addition to "cleaning" to oil at intervals of 10 days the whole of the canals in the area. The effect of the measures was to almost completely prevent the presence of nymphæ in the canals treated. Young larvæ, however, appeared within a few days of each oiling and in *rapidly increasing numbers*. Indeed, it appeared evident that adults of *A. culicifacies* were increasing in number in spite of the operations.

The rain-formed pools which appeared with the first fall of rain on July 15th necessitated operations of a different kind. In these waters *A. Rossi* was alone abundant, while *A. culicifacies* remained confined to the canals and their overflows.



As a result of the formation of numerous pools by the rains a remarkable increase in the numbers of *A. Rossii* took place, the increase being so rapid and striking as to merit the term "swarming"—a phenomenon well known in the case of some insects.

In dealing with rain-formed waters, drainage by means of earth-cut drains was found the most satisfactory of all the operations. By this means the area immediately around the barracks and bazaar became automatically free from standing water within 24 hours of the cessation of rain. In the outlying area one or other of the following operations was adopted as seemed suitable:—drainage, filling with earth, drying by baling out the water, and oiling with kerosene oil. From the great care taken to search out all breeding places it is extremely unlikely that any considerable source of *A. Rossii* was left within the area of operations.

Adult *anopheles*, however, both *A. culicifacies* and *A. Rossii*, appeared in increasing numbers in the bazaars and stables adjoining the barracks. The operations, therefore, though apparently very satisfactory as regards the destruction of larvæ, failed to shew any demonstrable reduction of adults. This failure to affect the numbers of adults appeared to be mainly due to the passage of these from beyond the area of operations; and in two instances the undoubted flight of *A. Rossii* from 900 yards and three quarters of a mile, respectively, was established.

The effect of the operations upon malaria was at first distinctly noticeable. As the fever season advanced, however, the operations appeared quite futile, and both among the troops and in the bazaar malaria became rife. During August and September (1903) the admissions for malaria among the Royal Artillery (troops within the area) were 24, or a ratio of 48 *per mille* per month. During the same months the admissions among the British Infantry (troops outside the area) were 121, or 128 *per mille* per month. There certainly appeared in these two months to be a reduction in the amount of malaria among troops living in the area of operations. In October, however, the Royal Artillery shewed 318 admissions *per mille* per month as against 187 *per mille* per month among the British Infantry; and for November 428 as against 278 *per mille*. The low figures of the British Infantry were probably due to very strict quinine administration, but the number of admissions among the Royal Artillery were not diminished as compared with past years. The admissions for the whole season, from July 1st to November 30th, indeed were considerably in favour of troops living outside the area as compared with those living within it, namely 158 *per mille* per month as against 216 *per mille* per month respectively.

The effect of the operations upon malaria among natives was also very distinct in the early part of the season. As in the case of the troops, however, any appreciable diminution of the endemic index in October and November was not apparent. The incidence of malaria among the inhabitants of the bazaars corresponded with that among the troops. Thus at the time (August and September) when the admission rate among the Royal Artillery was very low in comparison with that of the British Infantry, the endemic indices of two bazaars in the area was remarkably small as compared with the endemic index of untreated native communities. In October and November malaria among bazaar children in the area was as severe as in former years and as in the British Infantry bazaar in the present year.



In addition to anti-mosquito measures, experiments were carried out as to the value of quinine administration to troops and native children. The experiments fall naturally under three heads:—

- (1) Those conducted with strict scientific accuracy.
- (2) Those under personal supervision, and as strictly carried out as is possible when dealing with large bodies of men.
- (3) Those conducted either under supervision as ordinarily practised, or under no supervision at all.

A limited number (100) of the British Infantry soldiers who had volunteered to take quinine regularly under supervision were given 15 grains of quinine on two consecutive days each week. The number of admissions for malaria among these men was in striking contrast to the number among the remainder of the men who did not take quinine. During the time of the experiment (4 weeks) 2 cases only were admitted out of the 82 men who had really taken quinine regularly. In neither of these cases were parasites found. Among the remaining 360 men 67 cases of malaria were admitted into hospital.

After the conclusion of the above experiment the whole of the British Infantry were placed under compulsory quinine treatment, and the taking of quinine supervised with the greatest possible strictness. A distinct reduction in the admission rate resulted, but not so markedly as in the case of the smaller experiment.

Other troops in Mian Mir were placed upon quinine under the conditions noted under class 3. No effect whatever was apparent.

Quinine was administered to the children of a native community (syce lines). It was found that in a small community of natives quinine administration to the children was by no means so difficult as might have been anticipated. A list of all the children living in the lines was readily obtained from the cantonment authorities, and it was found that the children took considerable doses of quinine for a reward of native sweets. The administration of quinine was rapidly effective in reducing the spleen rate among the children. During the administration of quinine the spleen rates of the children in these lines showed a reduction from 67·8 per cent. to 54 per cent. At the same time, the spleen rate in two other native communities had risen from 36 per cent. to 64 per cent. and from 41 per cent. to 60 per cent., respectively.

It is customary in describing operations against mosquitoes to discuss the results in the most optimistic way. It is noticeable, however, that very rarely is any attempt made to measure the effect of the operations by accurate observations regarding a reduction in adult mosquitoes, nor, it is thought, has any such definite proof as a diminution in endemic index been attempted except in the operations summarized above. Such statements as "malaria has lost its terrors for us," or, "all the natives remark that they are not nearly so much troubled by mosquitoes as they were," are, of course, incapable of being refuted, but, on the other hand, they afford no evidence of a reduction of either malaria or mosquitoes. Even apart from these considerations, it is difficult to understand, in the face of the results obtained at Mian Mir, the easy success of some reported anti-mosquito operations. The present operations, so far as destruction of larvæ was concerned, were eminently successful. Moreover, a reduction for a time of the endemic index of a bazaar and of the admission rate of the troops was apparently achieved. Nevertheless, taking into consideration the length of time during which the operations have been carried on, the fact that they were



conducted under favourable conditions, and that they were controlled during both the years of observation by medical officers possessing expert knowledge of the subject, the success attained scarcely warrants the conclusion that anti-mosquito operations would be an efficient practicable measure in every cantonment. Moreover, it must be remembered that, even had the operations been more successful, about one quarter only of the whole cantonment of Mian Mir was taken in hand, and that to deal with this portion alone required all the energies of a medical officer wholly devoted to the task. On the whole, therefore, it would appear that the results of the present experiment were distinctly against the employment of anti-mosquito measures as a practical means of combating malaria in such a cantonment as Mian Mir.

As regards the administration of quinine to troops, the experiments clearly showed that the administration of 15 grains of quinine on two successive days weekly was a most powerful means of combating malaria. At the same time, however, they demonstrated the great difficulty of applying this means of prophylaxis to large bodies of men, and the necessity, which has been so often emphasized in these pages, of ensuring that the quinine is given under the immediate supervision of a medical officer. It may even be said that the difference in the results of accurate experiment and of administration as ordinarily practised was so marked, that it appears doubtful whether, with the means of supervision at present available, this measure could be applied with much benefit as a routine one to troops\*.

The first edition of 5,000 copies of the pamphlet on the causation and prevention of malarial fevers, which was drawn up by Captain James for the use of Assistant Surgeons and others, was soon exhausted. In the preparation of a second edition the text has been revised, illustrations have been added, and the scope of the work has been enlarged so as to make it an easy introduction to the study of malaria. The new edition was issued in November 1903 and has already been widely circulated. In connection with this subject attention may also be drawn to the books entitled "The Practical Study of Malaria" by Dr. J. W. W. Stephens and Lieutenant S. R. Christophers, I.M.S., and "Laboratory Studies in Tropical Medicine" by Dr. Daniels, of the Colonial Medical Service.

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162. In 1897 Professor Wright directed attention to the possibility that Mediterranean or undulant fever might be prevalent in  
Malta fever.

India as well as in the Mediterranean basin. His surmise was based upon the fact that in the cases of ten soldiers who had been invalided from India he had obtained serum reactions with the *Micrococcus melitensis*. Six of the men, however, had previously served in Mediterranean stations, and except in one of the remaining four cases the highest dilution in which the sero-sedimentation effect was obtained upon the micrococcus was 1 : 200. Captain Lamb, I.M.S., afterwards published an account of several cases of anomalous fever occurring among Europeans in Bombay, in which serum reactions were obtained with the micrococcus, and Lieutenant Greig I.M.S., published an account of three cases of fever occurring among natives in the Swat valley, in the first of which a sero-sedimentation reaction was obtained in a dilution of 1 : 120, in the second in a dilution of 1 : 90, and in the third in a dilution of 1 : 40.

That Malta fever should occur among European soldiers recently arrived from regions where the disease is endemic is perhaps to be expected, but whether this fever is indigenous in India and of common occurrence among natives cannot be said to be definitely known. If reported cases of the disease are to be accepted, it certainly would appear that Malta fever arising from local conditions is of frequent occurrence in India. A study of the histories of cases returned under

\* Full particulars of the operations will be found in No. 6 of the *Scientific Memoirs (New Series)*; first report of the anti-malarial operations at Mian Mir (1901-1903) by Captain S. P. James, I.M.S., and in the forthcoming second report by Lieutenant S. R. Christophers, I. M. S.



this heading by medical officers in charge of British and native troops and jails, however, throws some doubt on the accuracy of the diagnoses of Malta fever. Many of the cases have exhibited very few, if any, clinical symptoms of the disease and appear to have been returned as Malta fever on the strength of a positive serum reaction alone. It is not impossible that some of these diagnoses were based upon a mistaken valuation of the results of a serum test. It is perhaps unnecessary to point out that normal serum has the power of agglutinating most organisms to a certain extent, and that a positive result with a serum and an organism cannot be called *specific* unless the reaction occurs in sufficiently great dilution: the so-called specific reaction is indeed merely a reaction at such dilutions as are impossible in the case of normal serum. It is sometimes forgotten, however, that not only is the agglutinating power of individual normal sera very variable, but that an organism by becoming attenuated in virulence, is rendered indefinitely susceptible to agglutination by normal serum. A sufficiently attenuated typhoid organism may from this cause give reactions readily with normal sera in dilutions of 1 : 100. In order to avoid all chance of this action of normal serum upon organisms possibly very susceptible, most observers have found it necessary in carrying out the test to adopt (1) a short time limit, (2) complete reaction, and (3) reaction at high dilutions, as the three essential requirements for accurate diagnosis. A reaction in dilution 1 : 80, for example, in the case of an organism so susceptible and liable to changes as the *Micrococcus meli*ensis does not appear to be sufficiently high to be of undoubted specific nature, and until experiments have been made as to the susceptibility of such cultures of the micrococcus as are available in India to the sera of apparently healthy Europeans and natives, and to the sera of persons suffering from other diseases, it is impossible not to be sceptical regarding the correctness of some of the diagnoses of Malta fever based upon serum tests alone. At any rate it is extremely desirable that a more critical attitude should be taken up in the employment of serum diagnosis, for it is a significant fact that, although for more than five years Malta fever has been regarded as a fairly common disease of India, the micrococcus itself has not yet been isolated from any case.

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163. The recent discovery of parasites of the genus *Trypanosoma* in the blood of Europeans and Natives in Africa has aroused considerable interest, and the Government of India, recognising the possibility that in this discovery might lie the clue to the causation of certain obscure diseases of India, deputed an officer of the Indian Medical Service to join the members of the Royal Society's Commission who had proceeded to Uganda in February 1903 to investigate the disease known as "sleeping sickness." Captain E. D. W. Greig, I. M. S., was selected for the duty, and joined Lieutenant-Colonel D. Bruce, F. R. S., R. A. M. C., and Dr. Nabarro, the Commissioners of the Society, at Entebbe in Uganda on the 25th of May.

There is evidence that observers in this country have not been slow to follow the lead of their *confrères* in Africa in recognising the importance of the new discovery. In several parts of India search has already been made for trypanosomes in the blood of man, but so far without success. As a result of the recent researches, however, further investigation of these parasites both in men and animals in India is likely to become more general, and in view of the fact that the literature bearing upon this subject is not everywhere available, a brief summary of the landmarks of our knowledge regarding trypanosomiasis may not be out of place here.

In November 1843 Gruby described a protozoal parasite of the blood of the frog to which on account of its peculiar boring movements he gave the name



*Trypanosoma sanguinis* (Gr. *trupanon*, an auger). Gluge had possibly observed the same parasite in 1842, and it was probably also identical with the *Amœba rotatoria* observed by Mayer in July 1843, and, perhaps, with the *Undulina ranarum* described by Ray Lankester in 1871. The "vermicules" which were observed by Gros in 1845 in the blood of a field-mouse and by Chaussat in 1850 in the blood of rats (*Mus rattus*) were also probably of the nature of trypanosomes; but it was not until the researches of Lewis in 1877 that the first accurate description of these parasites in the blood of warm-blooded animals was given. Lewis made his discovery of flagellated organisms in the blood of rats in July 1877 during an examination of these animals in connection with an investigation into spirillum fever at Bombay, and he afterwards found that 29 per cent. of the apparently healthy rats (*Mus decumanus* and *Mus rufescens*) examined by him at Calcutta, harboured the parasites. He found them also in the rats at Simla and other places in India, and Vandyke Carter found them in 12 per cent. of the rats examined at Bombay. The next discovery—truly, as Vandyke Carter said, an epoch-making one—was made by Veterinary-Surgeon Griffith Evans, who in 1880 submitted a report on "surra," as a newly diagnosed disease very prevalent among horses in the stations of the North-West Frontier, and constantly associated with the presence of numerous organisms in the blood. Lewis regarded these organisms as very similar, if not identical, with the flagellated organisms discovered by him in the blood of rats. Evans showed by experiment that the surra parasites and disease were both communicable by inoculation to healthy horses and to dogs. In January 1885 Veterinary-Surgeon J. H. Steel, when investigating a hitherto unrecognised disease among the transport mules in British Burma, found it to be the same as the "surra" of the North-West Provinces, and showed further that the monkey was susceptible to this infection. Steel sent specimens of contaminated blood from mules, dogs, and monkeys to Vandyke Carter at Bombay, who came to the conclusion that morphologically the hæmatozoon of surra was identical with that of apparently healthy rats. In 1886 Cunningham also found parasites which he regarded as identical with those of Lewis, Steel, and Evans, in slides of blood from horses, mules, and ponies, suffering at Meerut from an epidemic disease which had come under the observation of Veterinary-Surgeon W. D. Gunn. Steel and Evans had conclusively shown that both the disease and the parasites of surra were readily communicable by inoculation to other animals, and Vandyke Carter had shown that it was very difficult, if not impossible, to communicate the rat parasites by inoculation to the dog, cat, horse or monkey. Out of 15 inoculation experiments carried out with contaminated rats' blood by him on these animals and on one other rat, in only one case (that of a monkey) was a positive result obtained, and in that case the parasites were present in the inoculated animal only on the 2nd and 3rd days after the experiment: they then disappeared and the animal remained perfectly well. In spite of these facts and in spite of the fact that the rats harbouring the parasites did not apparently suffer from any disease, Vandyke Carter as well as Lewis, Steel, and others, regarded the rat parasites as probably identical with those of "surra"—Vandyke Carter making the remark that India was the seat of a widespread and very serious equine disease, having for one of its characteristics a blood contamination seemingly identical with one largely prevalent among common rodents of the country.

In the meantime the attention of observers in Europe had been directed to the subject, and in 1881 Koch and v. Wittich discovered a parasite in the hamster which appeared at the time to be identical with the parasite of rats, but which Laveran and Mesnil now consider to be a distinct species. Kent in 1882 described the parasite of the rat under the name *Herpetomonas lewisi* and in 1886



Crookshank, who had found the parasites in 25 per cent. of the rats examined by him in London, regarded them as belonging to the genus *Trichomonas*. The parasites of rats were also studied by Danilewsky, Chalachnikow, and others. In 1894 Bruce discovered that the disease of horses and other animals in Africa called "nagana" is caused by a trypanosome very similar, if not identical, with that which causes "surra" in India, and that the disease is communicated from animal to animal by means of the tsetse-fly; and in 1896 Rouget's discovery of an apparently new species of the genus *Trypanosoma* as the causative agent of the disease of horses called "dourine" or *mal du coût* added further interest to the subject. In November 1896 Bruce sent a dog infected with "nagana" to England, which formed the starting point of the researches of Kanthack, Durham, and Blandford in London and Cambridge. Plimmer and Blandford afterwards continued the researches in London and published their results in 1899. In the same and the next year Rabinowitsch and Kempner and Wasilewski and Senn published accounts of their researches on rat trypanosomes, which were followed in 1901 and later years by a very important series of observations on parasites of this genus by Laveran and Mesnil. For some time it was thought that the *T. lewisi* of rats and the *T. evansi* of "surra" were identical, but Koch, Rabinowitsch and Kempner, and Laveran and Mesnil have shown that the *T. lewisi* is peculiar to rats. Even the hamster which, as mentioned above, is frequently infected with a trypanosome very closely allied to *T. lewisi*, is refractory to this parasite. Morphologically also the two parasites present differences by which, according to Laveran and Mesnil, they can be distinguished. Koch, Nocard, and others have expressed the opinion that the parasite of surra (*T. evansi*) and that of nagana (*T. brucei*) are identical. In spite of the voluminous memoirs of Lingard on surra, the structure of this parasite is still very incompletely known, so that a complete morphological comparison of the parasites is not possible. The same animals are susceptible to the two diseases and in the horse the course of the two diseases is similar. In the case of experimental inoculation also the incubation period of the two diseases is the same. On the other hand, whilst cattle, according to Bruce, nearly always die of nagana, they usually recover from surra. In Zululand Bruce also came to the conclusion that the tsetse-fly was the only one capable of carrying nagana. This would point to the fact that nagana is distinct from surra, for, according to Austen, the tsetse-fly occurs only in Africa; and the observation of Captain Rogers, I. M.S., that surra is carried from animal to animal by means of horse-flies, probably adds further evidence of the distinctness of the two diseases, instead of, as he suggests, pointing to their being identical. The question cannot, however, be decided definitely until the experiment of immunizing animals against the parasites of surra and then ascertaining if they are susceptible to an infection with the parasites of nagana has been made. A third important disease of animals associated with the presence of trypanosomes in the blood affects horses in South America and is known as *mal de caderas*. The discovery of the parasite of this disease was made by Elmassian in 1901, and confirmed by Voges in the same year. Morphologically the parasite resembles very closely those of surra and nagana, and though Lignières and Elmassian and Migone were unable to detect the presence of a "centrosome" at the point of insertion of the flagellum, Laveran and Mesnil succeeded in doing so. As in nagana and surra all animals experimented with up to the present have been found to be susceptible to the disease, but Laveran and Mesnil have shown that a goat and sheep, which had recovered from nagana, and which, therefore, possessed an immunity against this affection, readily contracted an infection with the parasite of *mal de caderas*. The converse experiment of infecting an animal which had recovered from *mal de caderas* with the trypanosome of nagana was successfully made by Lignières, so that the trypanosome of this disease would appear to be quite distinct



from that of nagana. The last disease of animals caused by trypanosomes, to which it is needful to refer here, is that known as "dourine" or *mal du coît*, a disease of horses which has been carefully studied in India by Veterinary-Major Pease. It is probable that the parasite of this disease was first seen by Chauvrat in 1892 but he regarded the case as one of surra, and the merit of having first discovered the parasite is usually ascribed to Rouget, who in 1896 observed it in the case of a horse suffering from the disease. Although morphologically resembling the parasites of surra and nagana, the parasite of dourine [*T. equiperdum* (Doflein) or *T. rougeti* (Laveran and Mesnil)] is now regarded as quite distinct from these as well as from the parasite of *mal de caderas*. The only known way by which dourine is naturally communicated is by coitus\*; the course of the disease in animals is different from that of nagana or surra; its duration is generally some months; the parasite is very rare in the blood; and above all many animals such as monkeys, guinea-pigs, goats, sheep and cattle which are susceptible to nagana are quite insusceptible to dourine. Nocard also has shown that dogs immunized against dourine succumbed to nagana in 11—14 days, and Lignières has shown that dogs immunized against dourine succumbed to an infection with *mal de caderas*, so that the parasite would appear to be certainly distinct.

It will suffice to conclude this *résumé* with a brief account of the recent discoveries relating to trypanosoma disease in man. Nepveu (in 1891) appears to have been the first to recognise trypanosomes in the blood of man, but although he maintained that these parasites must be reckoned with as a factor in tropical pathology, little attention was directed to his discovery, and it remained for Dutton to bring the subject into prominence by his recognition and description of a parasite found by Forde in 1902 in the blood of a European in Gambia. Dutton also found the parasites in the blood of an apparently healthy native child in the same district, and later he and Todd found six more cases of trypanosomiasis among 1,000 individuals whose blood they examined. Manson and Daniels added another case in the person of a European from the Congo, and the occurrence of cases in other parts of Africa was reported by Le Moal, Brumpt and Broeden. In November 1902 Castellani discovered that the infection occurred among the natives of Uganda, and made the important observation that in some cases of sleeping sickness trypanosomes were to be found in the cerebro-spinal fluid. Out of 34 cases of sleeping sickness he found trypanosomes in the cerebro-spinal fluid in 20. His discovery was confirmed by Bruce, who, with Nabarro, had been sent out as a Commission by the Royal Society to make further investigations into this disease. Up to the end of May 1903 Bruce and Nabarro had studied 40 cases of sleeping sickness and had found trypanosomes in the cerebro-spinal fluid in all, and in the blood in 15 out of 16. Later the blood of a number of inhabitants of sleeping sickness and non-sleeping sickness areas was examined by the Commission. Out of 80 natives from a sleeping sickness area, 23 or 28·7 per cent. were found to have trypanosomes in their blood while in the examinations of 117 natives from areas where sleeping sickness was unknown not a single trypanosome was found. The Commissioners report that the parasites were never found in the cerebro-spinal fluid of persons not suffering from sleeping sickness, and that in cases of "trypanosoma fever"—the disease described by Dutton—they could only be found in the blood. Two species of monkeys, as well as (to a less extent) rats and dogs, were found to be susceptible to the trypanosomes from cases of sleeping sickness and of trypanosoma fever, and in later experiments it was also found that monkeys inoculated with cerebro-spinal fluid from sleeping sickness patients or with blood from cases of trypanosoma fever died with

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\* See, however, Rabinowitsch and Kempner in C. B. XXXIV, No. 8, page 808.



symptoms of sleeping sickness; and *post-mortem* their brains presented the typical appearance met with in human beings dead of that disease. From the analogy with nagana it was suspected that in human trypanosomiasis a like mode of infection took place, and it was shown by experiment that a species of tsetse-fly (*Glossina palpalis*, Austen) after biting human beings suffering from trypanosomiasis could convey the disease to monkeys. It was also shown by an extensive series of observations that the distribution of sleeping sickness and of *Glossina palpalis* exactly correspond. From a letter recently received from Captain Greig it appears that morphologically and as regards their effects when injected into animals the trypanosome of the blood and that of the cerebro-spinal fluid are identical; and five cases of trypanosoma fever were under observation with a view to ascertain whether the trypanosome present in the blood would ultimately be found in the cerebro-spinal fluid, and whether the cases would develop sleeping sickness. At the time of writing, in two of the cases the trypanosome had been found in the cerebro-spinal fluid, and in one of these cases early symptoms of sleeping sickness were apparently present. If the further investigations of the Commission confirm their previous work it may be concluded that, in all probability, sleeping sickness is caused by the entrance into the blood and thence into the cerebro-spinal fluid of a species of trypanosome (probably that described by Dutton) which is transmitted from the sick to the healthy by a species of tsetse-fly (*Glossina palpalis*) and by it alone.\*

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164. In May 1903 Major W. B. Leishman, R.A.M.C., reported the discovery of certain parasitic bodies, which, he suggested, might possibly be the remains of trypanosomes, in films taken *post mortem* from the spleen of a soldier who had died from an anomalous type of fever apparently contracted in Dum Dum, near Calcutta. In the following July, Captain Donovan, I.M.S., announced that similar bodies had been found by him in blood obtained by splenic puncture from a number of patients suffering from enlargement of the spleen in Madras; and in January, 1904, Professor Marchand and Dr. Ledingham published an account of a case in which similar bodies had been found in sections of the spleen, liver, and bone marrow, obtained at the *post mortem* examination of the body of a soldier who had apparently contracted his fatal illness in China. The parasites discovered by Captain Donovan were studied in films by Major Ross, I.M.S., and by Professors Laveran and Mesnil, and a difference of opinion exists between these authorities as to the exact zoological position of the parasites, for while Major Ross considers that they should be classed in an entirely new genus, Professors Laveran and Mesnil regard them as belonging to the genus *Piroplasma*. Further interest has been added to the subject by the publication of a paper by Dr. J. H. Wright, of Boston, in which a description is given of certain parasitic bodies obtained

\* It would occupy too much space to give a complete bibliography of the subject here. Such a bibliography is contained in the article by Doflein and Prowazek on *Die pathogenen Protozoen* in Kolle and Wassermann's *Handbuch der pathogenen Mikroorganismen*. The following articles which are easily accessible may, however, be mentioned:—T. R. Lewis in S. C. I. for 1877 and in the Quarterly Journal of Microscopical Science, 1884, Vol. XXIV, pages 357 to 369; Vandkye Carter in Sc. Mem. by Med. Officers of the Army of India, Part III, 1887; Cunningham in the same; Crookshank in the Journal of R. Microscop. Soc., Nov. 1886, page 913; Laveran and Mesnil in A. P. XV, 1901, page 673, and in A. P. XVI, 1902, page 1; Rouget in A. P. X, 1896, page 716. On page 189 of this volume will also be found an analysis of Bruce's preliminary report on nagana; Elmassian and Migone in A. P. XVII, 1903, page 241. This article as well as others by Lignieres, Sivori, and others, are reviewed in B. I. P. No. 1, pages 365-367. The literature regarding human trypanosomiasis is contained in the current numbers of the medical journals. A good summary and a complete bibliography since 1898 will be found in an article by Rabinowitsch and Kempner in C. B. XXIV, No. 8. An article on sleeping sickness by Castellani in C. B. XXXV, No. 1, should also be consulted. Bruce and Nabarro's preliminary report is contained in the Royal Society's Reports of the Sleeping Sickness Commission, No. 2, August 1903, and the further report by Bruce, Nabarro and Greig in No. IV of the same Reports, November 1903. The *résumé* in the text was written before the appearance of the paper by Schaudinn entitled "Generations und Wirtswechsel bei *Trypanosoma* und *Spirochaete*." Arbeiten aus dem Kaiserlichen Gesundheitsamte. Vol. XX, page 387.



from a specimen of "Delhi Sore." These bodies were discovered by Surgeon-Major D. D. Cunningham, I.M.S., as long ago as 1885, and, so far as can be judged from the description and the excellent photographs in Dr. Wright's paper, they may be identical with the bodies discovered by Major Leishman.

As it appeared probable that Captain Donovan's discovery of the parasites in cases of enlargement of the spleen in Madras was likely to be of importance, Lieutenant Christophers, I.M.S., who was at that time on special duty in connection with malaria, was directed to proceed to Madras to investigate their nature. In a preliminary report Lieutenant Christophers gives a description of the parasites and of the clinical features and *post mortem* appearances of the cases in which they were found. It seems that they are essentially different from the malaria parasite and from parasites of the genus *Piroplasma* in that they are never found in the red blood corpuscles. A most striking feature is their presence in large numbers in the leucocytes of the spleen and liver, and in addition to the usual kinds of leucocytes present in these organs there are found in cases of the disease numerous large cells resembling macrophages, packed with parasites. Some of these cells are very large and may contain as many as 250 parasites. Besides the liver and spleen, the parasites were found by Dr. Christophers in the red bone marrow, in the submucosa of the large intestine, in petechiæ from the arachnoid, in blood from the liver and portal vein, and in small numbers in blood from the spleen. They were never found in peripheral blood.

The bodies exhibit a remarkable uniformity in size and appearance. The majority are approximately circular in outline and about 2·5 micromillimetres in diameter, but some are larger and very much resemble a cockle-shell in shape. In stained specimens they are seen to possess two chromatin masses—a small one usually rod-shaped, and a large one which may be bilobed, or heart-shaped, or formed of two oval masses lying in contact.

An important discovery was the fact that ulceration of the large intestine is apparently a marked feature in all advanced cases, and that this ulceration is apparently produced by a process analogous with that which brings about the ulceration in cases of Delhi boil, *viz.*, by the deposition in the submucosa of granulation tissue, which, after destroying the crypts and surface epithelium, undergoes necrosis and forms ulcers reaching as deep as the muscular coats. The parasites were present in large numbers in the mucous membrane and submucous tissue in the vicinity of the ulcers.

The clinical features of the cases in which the parasites were found were extremely characteristic. The cardinal signs given by Dr. Christophers are: (1) great enlargement of the spleen; (2) emaciation; (3) irregular pyrexia; and (4) abdominal symptoms. The pyrexia and course of the disease are quite uninfluenced by quinine. In advanced cases diarrhœa and a dysenteric condition with blood and mucus in the stools are a constant feature, and death from peritonitis due to perforation occurred in two out of the three fatal cases which are described in the report. It is well known that cases presenting these clinical features are very common in India, and Dr. Christophers has no hesitation in saying that the cases of infection with this newly found parasite which were seen by him in Madras are clinically identical with cases usually diagnosed as "malarial cachexia with enlarged spleen." If this be so, the parasite will no doubt be found to be very widely distributed in this country, and a great advance in our knowledge of the Indian fevers will have been made. Until further work on the parasite has been done, it is impossible to assign to it a definite zoological position, and premature conclusions are much to be deprecated. That it does



not belong to the genus *Piroplasma* appears to be amply proved by Dr. Christophers in his report, and at the present time the suggestion put forward by him, and independently by Wright, that the organisms seen in the characteristic large cells represent the spores of a *microsporidian* seems probably correct.

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165. During the year ending 8th August, 1903, 584 patients were treated at the Pasteur Institute, Kasauli, as compared with 543 treated during the previous year. Of this number 269 were Europeans (207 men, 20 women, and 42 children), and 315 natives (255 men, 10 women, and 50 children).

The following tables exhibit the results among Europeans and natives, respectively.

EUROPEANS.												NATIVES.															
Classes.	SUB CLASS I—BITTEN ON THE HEAD OR FACE.			SUB-CLASS II—BITTEN THROUGH THE EXPOSED SKIN ON ANY OTHER PART OF THE BODY THAN THE HEAD OR FACE.			SUB-CLASS III—BITTEN THROUGH THE CLOTH-ING.			TOTALS.			Classes.	SUB-CLASS I—BITTEN ON THE HEAD OR FACE.			SUB-CLASS II—BITTEN THROUGH THE EXPOSED SKIN ON ANY OTHER PART OF THE BODY THAN THE HEAD OR FACE.			SUB-CLASS III—BITTEN THROUGH THE CLOTH-ING.			TOTALS.				
	Treated.	Failures.	Percentage of Failures.	Treated.	Failures.	Percentage of Failures.	Treated.	Failures.	Percentage of failures.	Treated.	Failures.	Percentage of failures.		Treated.	Failures.	Percentage of failures.	Treated.	Failures.	Percentage of Failures.	Treated.	Failures.	Percentage of Failures.	Treated.	Failures.	Percentage of Failures.		
Class A.—Bitten by animals proved rabid.	11	0	0	46	0	0	5	0	0	62	0	0	Class A.—Bitten by animals proved rabid.	3	0	0	36	0	0	3	0	0	42	0	0		
Class B.—Bitten by animals certified rabid.	3	0	0	33	0	0	7	0	0	43	0	0	Class B.—Bitten by animals certified rabid.	0	0	0	24	0	0	3	0	0	27	0	0		
Class C.—Bitten by animals suspected rabid.	12	0	0	114	0	0	38	0	0	164	0	0	Class C.—Bitten by animals suspected rabid.	13	2	15.3	201	4	1.9	32	0	0	246	6	2.43		
Total	...	26	0	0	193	0	0	50	0	0	269	0	0	Total	...	16	2	12.5	261	4	1.53	38	0	0	315	6	1.9

The tables do not include ten persons who presented themselves for treatment but were found not to require it, nor do they include four patients (3 natives and 1 European) who developed hydrophobia during treatment, and two persons (both natives) who were attacked within 14 days after the completion of treatment.

On comparing the tables it will be seen that better results were obtained in the treatment of Europeans than of Natives. The reasons assigned by Lieutenant-Colonel Semple for this were that the Europeans were less severely bitten, had their wounds more promptly and better attended to immediately after the bites, with few exceptions came earlier for treatment, were a healthier and stronger lot of people, and better fed before, during, and after treatment and on this account were in a better position to become more highly immunised, and to offer more resistance to infection.

The small number of patients shown in class A (bitten by animals proved rabid) is attributed to the faulty condition in which the samples of brain or spinal

cord from the animals which inflicted the bites were sent for diagnosis. Lieutenant-Colonel Semple points out that for diagnostic purposes it is only necessary to send a small portion of either the brain, cord, or medulla in a small bottle of sterile neutral glycerine, and to do so as aseptically as circumstances will permit. Any other method of sending a sample of a "suspected rabid brain or cord" for diagnosis only results in putrefaction or destruction of the virus.

In badly bitten and late cases an anti-rabic serum, prepared at the Institute, has been used with good results as a preliminary to the usual methods of treatment. In these selected cases a dose of serum is given on the first day, after which the usual methods of treatment are carried out, commencing the day after the serum. The rationale of the method of treatment by anti-rabic serum is given by Lieutenant-Colonel Semple in the following words—

"In badly bitten and late cases the object of treatment is to confer a high degree of immunity as soon as we possibly can. An active immunity, such as is acquired by a patient who undergoes the usual method of treatment, takes a considerable time to accomplish; but a passive immunity, such as is conveyed by using the serum of another animal which has been highly immunised, can be acquired very quickly. This state of passive immunity does not, however, last for long. It is easily acquired, but soon wears off again. My object in using the serum at all is to give badly bitten and late cases the benefits of this passive immunity, until they can be trained to acquire the more durable active immunity, which can only be acquired by undergoing a series of inoculations with rabid virus. In other words, the patient gets the benefit of the immune bodies contained in the anti-rabic serum given him, until he can be trained to prepare his own immune bodies".

In addition to the anti-rabic treatment, much general bacteriological work was carried out at the laboratory in connection with the diagnosis of enteric fever, Malta fever, malarial fever, plague, tubercle, diphtheria, etc.

One thousand nine hundred and twenty-five doses of typhoid vaccine were prepared and sent out between the 9th August 1902 and the end of January 1903.

Antivenene was prepared, and 1,020 bottles, each containing 15 c. c., were distributed for use all over India. "In a short time it will be possible to meet all demands in India for this serum."

Anthrax vaccine was prepared, and 560 doses sent out to applicants where outbreaks of anthrax had taken place. The preparation of diphtheria antitoxin and of tetanus antitoxin has also been commenced.

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166. Seven numbers of the new series of Scientific Memoirs by officers of the Medical and Sanitary Departments of the Government of India have been published and widely distributed, not only in India and in Great Britain, but to most of the universities and more important scientific libraries throughout the world. The two most recent numbers were the "First report of the anti-malarial operations at Mian Mir, 1901—1903," by Captain S. P. James, I.M.S., and "Some observations on the poison of the banded krait (*Bungarus fasciatus*)," by Captain G. Lamb, I.M.S. Early numbers will contain the preliminary report by Lieutenant Christophers, I.M.S., on a parasite found in persons suffering from enlargement of the spleen in India, and by the same officer, the "Second report of the anti-malarial operations at Mian Mir," which is a continuation of the first report already mentioned.

BENJAMIN FRANKLIN,  
Surgeon-General, I.M.S.,  
Sanitary Commissioner with the Government of India.





APPENDICES

TO THE

Annual Report of the Sanitary Commissioner with the  
Government of India.

FOR

1902.



Table I.—Highest, lowest and mean temperature in shade and its

STATION.	JANUARY.				FEBRUARY.				MARCH.				APRIL.				MAY.				JUNE.				
	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	
Calcutta (Alipore)	86°2	49°5	66°9	+1°7	?	?	71°2	+1°2	99°7	65°8	81°2	+2°0	97°3	67°4	82°6	−2°4	97°2	68°4	84°1	−1°3	97°5	70°7	85°2	+0°7	
Narayanganj* ...	82°1	51°8	67°0	+0°4	89°1	50°2	70°9	+0°5	96°6	64°3	79°6	+0°5	94°1	65°2	80°1	−3°7	93°6	68°7	82°0	−1°6	92°6	71°7	83°7	?	
Chittagong ...	84°4	51°1	67°4	+1°3	90°4	48°4	70°4	+0°3	93°3	63°1	77°7	+0°9	95°7	65°2	79°2	−1°3	93°2	68°8	80°4	−0°6	90°7	70°1	80°3	−0°2	
Sibsagar*	...	74°3	43°9	+0°2	81°3	43°9	63°3	+0°1	86°2	55°9	70°0	+0°5	88°2	61°0	71°5	−3°1	93°2	66°0	78°7	−0°1	93°2	72°0	81°0	−1°9	
Silchar*	...	85°4	46°4	+1°7	90°0	47°5	69°6	+1°4	94°5	60°4	77°1	+2°5	95°6	64°8	76°7	−2°2	94°5	67°3	81°0	+0°4	97°6	71°3	82°2	−0°7	
Cuttack*	...	90°4	54°6	−0°3	95°9	56°1	77°5	−0°4	108°5	67°7	86°2	+1°5	104°4	70°7	88°2	−1°8	106°4	72°7	90°6	−0°3	110°5	74°2	89°8	+2°0	
Hazaribagh ...	86°2	45°2	63°0	+2°1	88°2	45°2	67°2	+1°6	99°4	61°2	79°5	+4°1	105°8	64°3	84°8	+0°6	106°2	65°3	84°7	−0°9	104°1	71°3	86°2	+4°3	
Patna*	...	84°3	44°1	64°7	?	92°0	46°6	68°5	?	101°7	61°4	80°4	+2°9	104°8	66°3	85°5	−1°6	109°5	68°2	89°1	+0°1	110°0	70°2	90°0	+1°8
Darjeeling ...	...	...	...	...	60°1	30°5	43°4	+2°7	64°1	37°0	50°4	+2°2	64°8	43°9	52°9	−1°0	70°1	45°4	56°7	+0°4	68°5	51°4	59°9	+0°1	
Allahabad ...	87°0	39°4	61°7	+1°1	91°9	40°4	66°2	+0°9	106°4	57°4	80°5	+2°7	110°1	67°3	89°0	+1°3	113°9	69°1	93°8	+1°4	111°6	74°6	93°6	+3°0	
Lucknow*	...	84°3	38°1	61°6	+1°2	91°3	40°1	65°6	+0°8	103°3	53°2	78°6	+2°7	106°8	63°3	86°4	−0°3	111°8	67°3	91°8	+0°4	112°3	73°8	93°4	+2°5
Meerut ...	81°5	35°3	57°8	+1°6	90°1	39°2	63°1	+2°3	98°8	48°5	74°3	+3°0	107°7	61°3	82°4	−0°1	109°4	68°8	90°2	+1°7	109°4	70°5	83°6	−2°0	
Delhi*	...	83°7	42°2	61°0	+1°7	87°2	44°1	65°8	+2°5	96°7	56°1	77°4	+2°6	104°2	63°1	86°2	−0°5	111°2	70°1	93°1	+0°7	111°7	72°1	91°3	−2°0
Agra*	...	88°0	41°0	63°4	+2°3	91°0	44°4	68°1	+2°6	103°0	60°4	80°2	+3°3	105°5	69°9	88°2	0	112°5	78°4	94°9	+0°5	113°5	73°9	93°4	−1°0
Jhansi*	...	90°2	46°2	66°0	+2°3	92°2	49°2	70°3	+2°0	104°8	65°1	83°9	+4°2	108°8	73°6	91°9	+1°1	113°9	78°6	98°3	+2°3	114°4	75°1	96°5	+3°1
Ajmer*	...	89°4	36°9	62°1	+2°3	93°4	35°0	66°1	?	100°9	55°7	80°4	+6°0	103°9	65°7	87°5	+2°2	108°4	70°6	91°8	+0°3	107°9	71°6	90°8	+0°1
Saugor*	...	86°9	46°6	67°1	+2°8	91°9	50°1	70°8	+2°5	101°9	63°1	82°8	+4°5	105°9	68°6	88°4	+1°3	109°0	75°1	93°2	+1°4	110°5	75°1	91°5	+3°8
Jubbulpore*	...	86°9	42°4	65°1	+2°3	94°0	38°4	67°9	+0°5	103°5	56°4	79°9	?	107°0	66°2	87°3	+0°9	112°0	72°1	93°4	+1°1	112°0	76°1	93°0	+5°4
Mooltan*	...	83°3	36°0	59°3	+2°5	88°3	36°5	64°1	+3°5	98°3	55°9	75°9	+3°5	108°4	63°0	85°4	+1°6	117°0	71°5	95°5	+3°4	119°0	73°5	94°6	−1°2
Lahore ...	82°2	31°5	54°6	+2°6	87°9	35°8	62°0	+5°3	95°4	46°0	71°7	+3°9	105°5	59°0	81°6	+2°0	114°4	67°4	91°5	+4°1	117°4	70°7	92°0	+0°8	
Peshawar ...	75°1	29°4	52°2	+2°7	81°6	34°4	58°6	+6°1	88°1	37°9	65°4	+2°4	97°5	52°8	73°7	+0°6	113°0	62°0	87°4	+4°0	117°5	68°9	91°3	+1°4	
Ranikhet ...	63°2	33°7	47°8	+1°8	66°0	36°8	50°9	+3°8	74°2	42°5	58°1	+1°6	79°1	42°9	63°7	−1°2	85°9	50°7	69°9	+1°7	84°6	54°0	70°2	−0°3	
Chakrata ...	67°7	32°4	46°0	+4°4	64°7	33°9	46°9	+4°6	71°4	35°4	53°0	+1°7	73°7	40°4	57°7	−2°0	78°2	49°3	64°1	−0°7	79°3	50°3	65°7	−1°4	
Indore*	...	90°3	44°1	67°2	+2°6	95°3	43°6	70°9	+3°1	102°3	56°1	80°3	+3°8	104°3	64°6	86°8	+1°7	108°8	71°1	90°5	+1°2	107°8	73°1	88°2	+3°3
Deesa ...	96°0	44°3	70°3	+2°7	101°2	48°3	73°8	+3°3	108°2	61°5	85°5	+4°8	111°3	68°2	91°7	+3°7	115°3	70°5	92°7	+1°5	110°9	76°2	90°9	+1°1	
Kurrachee ...	89°5	46°4	66°8	+1°8	92°5	48°5	70°5	+2°3	96°4	61°4	78°7	+3°2	106°2	71°2	83°9	+4°2	106°5	74°8	85°4	+1°4	106°3	71°4	86°5	−0°3	
Bombay ...	89°6	65°3	76°0	+2°8	90°3	64°1	76°9	+1°8	92°2	71°3	81°4	+2°6	91°9	77°3	83°7	+1°1	94°0	79°6	86°5	+1°8	94°9	75°4	84°9	+1°7	
Belgaum ...	89°3	53°9	71°6	+1°7	93°2	55°0	73°8	+1°0	98°3	60°9	77°8	+0°7	102°4	63°1	79°8	+0°6	98°2	65°8	78°9	+1°2	94°3	64°2	74°1	+1°5	
Nagpur ...	93°9	50°4	71°4	+3°2	98°3	50°8	74°7	+1°0	106°3	64°3	85°2	+2°9	111°1	68°5	92°2	+1°7	114°2	75°0	97°1	+2°5	113°6	75°1	91°9	+5°9	
Bellary ...	95°0	56°1	75°0	+1°8	100°0	59°2	79°3	−0°4	106°8	65°2	87°1	+1°5	108°5	71°2	90°3	+1°1	108°0	70°2	90°1	+1°5	101°4	69°8	83°4	+0°5	
Bangalore ...	85°9	51°7	68°7	+1°1	90°2	54°6	71°8	−0°1	96°7	57°7	78°2	+1°3	96°9	66°0	80°3	+0°2	97°9	61°8	80°1	+1°5	91°3	64°9	76°7	+2°5	
Madras ...	85°3	62°8	75°3	−0°2	90°2	62°2	76°2	−0°9	94°3	65°9	80°9	+0°1	98°3	73°9	84°9	+0°2	108°0	77°7	88°9	+1°5	107°8	74°5	88°6	+1°3	
Rangoon ...	91°1	61°2	74°6	+0°6	95°8	61°6	76°0	−0°4	100°3	68°4	82°0	+1°5	10°5	72°9	85°6	+0°9	102°9	73°9	81°7	−0°8	93°1	74°2	79°6	+0°2	
Akyab ...	85°2	57°3	71°1	+1°1	93°5	54°1	72°3	0	96°0	62°2	78°4	+0°4	94°1	68°3	81°9	−0°9	94°4	73°2	82°4	−0°8	90°9	74°0	81°1	−0°1	

\* The mean temperature for these stations is the mean of the



variation from the average of each month in thirty-four stations of India during 1902.

JULY.				AUGUST.				SEPTEMBER.				OCTOBER.				NOVEMBER.				DECEMBER.				STATION.
Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	
93'4	74'9	83'3	+0'2	94'2	74'7	84'0	+1'5	92'2	75'2	83'8	+1'3	93'0	69'6	80'8	+0'8	88'1	56'9	72'4	0	84'0	48'4	65'9	+0'6	Calcutta (Alipore)
91'1	75'2	82'9	—0'9	92'1	75'7	84'1	+0'8	91'1	76'2	83'7	0	89'6	71'7	80'6	—1'1	88'1	59'8	74'4	—0'4	83'1	50'2	66'8	—0'9	Narayanganj*.
90'2	74'4	79'5	—0'5	91'6	73'6	81'1	+1'4	90'6	74'8	81'0	+0'4	88'6	66'7	78'0	—1'0	88'3	56'9	72'4	—1'6	81'2	49'5	66'5	—0'9	Chittagong.
93'2	75'0	83'1	—0'9	93'2	72'0	82'7	—0'8	94'2	72'5	81'4	—0'8	87'2	59'0	74'4	—3'5	80'3	49'9	67'0	—2'0	74'3	42'9	59'6	—1'6	Sibsagar*.
98'1	74'3	84'0	?	98'6	73'3	83'5	+0'4	97'6	74'3	83'5	+0'4	94'0	61'3	78'4	—2'1	89'5	50'9	72'7	—1'6	85'4	49'0	65'7	—1'7	Silchar*.
98'9	74'2	84'3	+0'1	96'4	75'2	85'2	+1'5	94'9	75'2	85'2	+1'1	95'4	71'2	83'3	+1'2	93'4	56'6	75'5	—0'2	89'9	51'6	70'4	—0'1	Cuttack*.
96'2	72'3	78'6	+0'5	91'4	71'8	79'2	+1'9	88'7	71'2	78'3	+1'3	86'1	61'3	74'1	+0'6	82'2	51'2	67'2	+0'4	79'1	44'0	60'3	—0'2	Hazaribagh.
98'0	76'2	85'7	+0'4	96'0	74'7	85'5	+1'2	94'0	72'7	83'0	—1'5	90'5	66'3	79'7	—0'7	85'5	54'9	71'4	+0'3	79'2	43'3	62'6	—0'3	Patna*.
71'8	54'7	61'2	+0'3	70'1	55'9	61'8	+1'2	68'8	52'1	59'5	+0'8	66'5	43'5	52'4	—2'0	60'2	39'0	47'8	+0'4	59'2	30'4	42'6	+0'7	Darjeeling.
113'5	72'8	84'5	—0'2	98'6	74'7	84'0	+0'8	94'5	68'6	82'4	—0'8	94'5	58'4	77'9	—0'7	88'7	48'2	67'1	—1'9	83'4	36'4	58'8	—1'9	Allahabad.
113'8	74'3	85'4	—0'4	98'3	73'3	85'6	+1'1	95'3	70'3	83'2	—1'2	96'3	58'2	78'5	+0'2	89'3	47'7	68'1	+0'1	83'3	35'1	60'6	—0'4	Lucknow*.
103'4	73'8	83'8	—1'7	98'6	73'3	84'8	+1'0	95'6	65'3	82'4	—0'4	94'6	55'5	75'3	—0'3	86'7	45'9	64'9	+0'1	79'0	34'1	55'5	—0'7	Meerut.
107'2	75'0	86'1	—1'3	102'7	74'1	87'3	+1'7	94'2	72'1	83'9	—1'1	97'2	60'1	79'5	—0'5	86'7	51'6	70'1	+0'6	77'2	40'2	59'9	—1'4	Delhi*.
107'0	76'9	87'3	+0'5	102'0	75'9	87'8	+2'9	97'5	69'4	85'0	+0'1	99'0	63'9	81'6	+1'2	89'0	51'9	70'8	+0'7	84'0	39'9	61'2	—1'3	Agra*.
110'3	75'1	85'6	+0'6	100'8	75'1	86'0	+3'0	93'2	70'6	83'0	—0'8	100'3	64'1	81'8	+0'8	90'2	56'2	72'8	+0'9	85'2	44'2	65'0	—0'2	Jhansi*.
104'4	74'1	87'8	+3'5	100'9	73'6	86'0	+4'3	94'4	69'1	82'3	+0'1	92'4	58'7	78'7	+1'1	87'9	51'3	69'3	+1'9?	81'4	35'4	60'8	?	Ajmer*.
103'4	70'6	81'4	+1'8	95'4	71'1	80'5	+2'3	90'4	65'1	78'6	—0'5	93'4	59'1	77'7	+1'1	83'4	53'1	68'8	—0'9	83'4	43'1	63'7	—0'7	Saugor*.
107'0	70'6	81'7	+1'4	94'0	72'1	81'6	+2'3	90'9	64'2	79'3	—0'8	92'0	58'8	76'5	+0'8	83'4	45'4	65'6	—1'9	85'4	32'9	61'7	+0'3	Jubbulpore*.
112'9	75'0	95'6	+1'9	112'4	75'0	93'9	+2'5	109'4	71'0	91'5	+2'5	101'4	60'9	82'4	+2'5	92'3	49'9	71'5	+3'1	81'8	37'0	59'2	0	Mooltan*.
113'2	70'0	90'3	+2'0	108'4	69'9	89'4	+2'8	103'4	65'1	85'0	+1'1	99'4	57'7	77'5	+3'0	88'6	44'7	65'3	+2'9	80'3	32'4	54'0	+0'8	Lahore.
111'5	68'8	90'1	+0'5	111'0	72'7	89'4	+2'2	104'5	62'0	82'9	+0'9	94'5	53'0	71'7	+0'8	82'9	42'7	58'9	+1'3	77'1	28'4	50'1	—0'8	Peshawar.
79'3	57'7	67'3	—0'9	78'9	58'6	67'4	+0'6	76'0	56'0	65'2	—0'3	70'1	46'0	58'4	—2'3	65'1	45'0	53'3	—0'7	65'1	34'0	48'7	—0'6	Ranikhet.
73'2	53'8	63'0	—1'6	72'2	49'8	62'9	—0'5	71'2	51'8	60'8	—0'9	67'2	42'4	54'3	—2'5	62'3	38'9	49'8	—0'7	65'2	31'9	46'5	+1'0	Chakrata.
97'8	69'1	81'4	+2'8	92'8	69'1	79'1	+2'0	87'3	62'1	77'3	—0'5	91'8	57'1	76'3	+0'5	84'8	47'1	68'1	—0'6	84'3	36'6	63'5	—0'8	Indore*.
110'9	73'0	90'6	+6'8	105'2	73'2	86'0	+4'5	98'3	69'6	83'3	+1'4	100'3	63'6	83'1	+2'4	97'9	56'3	76'2	+2'2	90'1	43'5	68'9	+0'7	Deesa.
104'7	79'2	87'3	+3'3	93'4	74'4	83'9	+1'8	98'4	75'0	84'1	+2'5	101'2	67'2	83'6	+3'9	96'7	60'5	77'6	+3'5	88'4	49'9	68'7	+1'7	Kurrachee.
90'3	76'4	82'3	+1'4	88'2	74'4	81'6	+1'7	87'1	73'3	80'2	+0'5	92'9	74'2	83'4	+2'3	91'4	72'6	81'2	+2'1	88'2	67'1	76'6	+0'6	Bombay.
80'8	64'9	70'6	+0'5	85'3	64'9	71'5	+2'0	83'4	58'9	71'2	+0'9	89'2	60'9	72'6	+0'3	84'3	53'5	70'6	—0'2	82'6	49'4	69'6	+0'2	Belgaum.
101'1	72'1	82'2	+2'0	98'9	72'5	82'8	+2'6	92'1	68'3	80'6	+0'3	95'1	66'4	80'1	+1'3	91'1	53'8	72'9	+0'2	88'3	44'0	66'8	+0'1	Nagpur.
95'5	72'2	81'3	+0'8	98'0	72'2	83'5	+2'7	96'0	68'7	81'1	+1'0	97'8	67'2	79'1	+0'3	81'0	58'9	75'5	+0'3	92'0	53'1	75'0	+2'7	Bellary.
90'0	64'3	74'1	+1'8	90'5	64'2	75'0	+2'7	86'6	63'3	73'0	+0'7	86'9	56'2	72'2	+0'2	84'3	56'7	70'8	+1'0	82'6	50'9	69'6	+2'2	Bangalore.
101'9	74'5	86'8	+0'8	100'3	72'9	84'2	+0'2	98'7	72'1	83'3	—0'5	93'0	68'6	80'2	—0'9	88'9	69'6	78'5	+0'4	86'3	63'9	76'7	+0'7	Madras.
91'2	72'9	78'5	+0'2	90'0	72'9	79'2	+0'7	90'2	73'8	79'4	+0'7	90'7	73'3	80'3	+0'5	90'4	68'5	78'9	+1'0	92'1	61'8	75'9	+0'5	Rangoon.
89'9	74'3	79'2	—0'8	89'9	73'0	81'2	+1'0	90'1	75'7	81'6	+0'2	89'9	71'7	80'4	—0'9	89'8	64'4	77'2	—0'7	85'2	50'5	70'5	—1'7	Akyab.

maximum and minimum temperatures.



TABLE II.—Monthly and Annual RAINFALL and its variation from the average at thirty-four stations of India during 1902.

STATION.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.	
	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.		
	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	
Calcutta (Alipore)	0	—0'29	0'02	—1'00	1'49	+0'35	6'11	+4'57	9'19	+3'59	5'47	—5'57	15'52	+3'21	14'01	+1'32	6'98	—3'42	2'78	—1'09	0'05	—0'57	0'66	+0'35	62'28	+1'45
Narayanganj	0	—0'36	0	—1'07	2'82	+0'23	21'01	+15'60	12'60	+3'21	18'53	+5'58	8'05	—4'68	10'02	—2'36	11'58	+2'25	0'87	—4'01	0'03	—0'83	0'04	—0'13	85'55	+13'43
Chittagong	0	—0'41	0	—1'16	0'78	—1'36	13'24	+8'77	12'45	+2'77	29'27	+6'46	37'16	+14'24	16'46	—3'53	9'15	—3'88	6'02	—0'39	0	—1'49	0	—0'58	124'53	+19'44
Sibsagar	0'43	—0'71	1'32	—0'84	3'28	—1'46	12'58	+2'70	6'60	—4'87	8'18	—5'96	14'24	—1'65	20'47	+4'18	24'72	+2'95	4'01	—1'16	0'49	—0'62	0	—0'59	96'32	+1'97
Silchar	0'03	—0'61	0'39	—1'93	5'84	—2'09	21'70	+8'14	11'77	—3'95	27'62	+7'23	14'01	—5'97	19'93	+1'24	10'74	—3'21	6'12	—0'28	0'52	—0'39	0	—0'54	119'07	—2'36
Cuttack	0'49	+0'16	0	—0'49	0'08	—1'23	3'47	+2'09	2'52	—1'02	8'15	—2'76	25'79	+13'73	14'79	+2'37	5'28	—5'20	1'97	—4'46	0	—1'36	2'56	+2'22	64'40	+4'05
Hazaribagh	0'30	—0'29	0'48	—0'33	0'75	+0'06	0'31	—0'12	3'70	+1'93	2'38	—6'40	14'14	+0'52	6'71	—6'01	12'79	+4'53	0'57	—2'74	0'05	—0'25	0	—0'21	42'18	—9'31
Patna	0	—0'72	0'10	—0'43	0'24	—0'11	0'72	+0'42	1'22	—0'48	2'05	—5'71	10'62	—0'79	10'08	—0'64	18'83	+11'01	1'64	—1'25	0	—0'20	0	—0'14	45'50	+0'96
Barjeeling	0	—0'76	0'03	—1'05	3'28	+1'27	3'27	—0'81	5'54	—2'29	23'10	—1'09	35'82	+4'08	27'20	+1'22	46'84	+28'50	5'15	—0'20	0'55	+0'31	0	—0'20	150'78	+28'98
Allahabad	0'53	—0'29	0'11	—0'37	0	—0'38	0	—0'14	0'64	+0'35	1'17	—3'92	18'72	+6'48	9'27	—1'68	9'23	+2'91	...	—2'40	0'06	—0'19	0	—0'23	39'73	+0'21
Lucknow	0	—0'90	0	—0'45	0	—0'32	0	—0'11	0'79	—0'12	1'17	—4'17	14'17	+2'78	6'53	—4'79	9'76	+3'15	0'03	—1'30	0	—0'08	0	—0'44	32'45	—6'75
Meerut.	0	—1'05	0	—0'83	0'04	—0'59	0'31	—0'03	0'56	—0'14	5'75	+2'15	11'17	+1'80	11'97	+4'33	2'96	—1'59	1'17	+0'74	0	—0'08	0	—0'40	33'93	+4'31
Delhi	0	—1'02	0	—0'61	0'12	—0'55	0'23	—0'12	0'44	—0'27	6'35	+3'17	10'17	+1'79	6'54	—0'90	3'35	—1'07	0'05	—0'34	0	—0'10	0	—0'43	27'25	—0'45
Agra	0'02	—0'53	0	—0'33	0	—0'25	0'04	—0'12	0'05	—0'59	1'98	—0'91	10'86	+1'01	5'25	—1'99	4'39	—0'10	0'04	—0'35	0	—0'06	0	—0'29	22'63	—4'51
Jhansi	1'65	+1'05	0'19	—0'12	0	—0'33	0'01	—0'12	0	—0'31	1'72	—3'28	20'33	+7'64	3'52	—7'40	6'94	+1'28	0'24	—0'41	0	—0'07	0	—0'27	34'60	—2'34
Ajmer	0	—0'31	0	—0'28	0	—0'31	0'13	0	1'45	+0'86	1'75	—0'66	3'51	—3'31	4'76	—2'61	5'44	+2'25	0	—0'29	0	—0'20	0	—0'29	17'04	—5'05
Saugor.	0'40	—0'27	0'28	—0'23	0	—0'22	0'06	—0'10	0'02	—0'49	0'72	—6'68	15'63	—0'78	5'76	—6'71	8'91	+1'18	0'32	—0'85	4'38	+4'05	0'02	—0'53	36'50	—11'63
Jubbulpore	0'27	—0'45	0'19	—0'33	0	—0'48	0'22	0	0'08	—0'39	0'77	—7'76	18'11	—0'71	7'67	—7'46	9'03	+0'65	0'10	—1'45	0'76	+0'39	0'01	—0'25	37'21	—18'24
Mooltan	0	—0'39	0	—0'36	0'33	—0'09	0'12	—0'15	0'13	—0'26	2'61	+2'18	1'59	—0'60	0'23	—1'43	...	—0'60	0'12	+0'05	0	—0'06	0	—0'27	5'13	—1'98
Lahore.	0	—0'87	0'03	—1'10	0'77	—0'12	0'25	—0'26	0'73	—0'07	0'92	—0'94	2'59	—4'06	3'86	—1'02	2'45	+0'35	0'23	—0'20	0	—0'11	0	—0'74	11'83	—8'87
Peshawar	0	—1'54	0'12	—1'19	0'74	—1'14	0'65	—1'12	0'10	—0'57	0'52	+0'25	0'78	—0'89	0'05	—2'12	0'57	—0'10	0'54	+0'36	0'05	—0'53	0	—0'55	4'12	—9'14
Ranikhet	0	—2'52	0'73	—1'54	0'74	—1'06	1'69	+0'43	1'12	—1'26	4'49	—1'81	11'12	—2'35	12'53	—0'36	7'51	+0'78	0'44	—0'83	0	—0'28	0	—0'89	40'37	—12'19
Chakrata	0'07	—3'14	1'40	—2'18	2'24	—0'40	3'18	+1'66	4'41	+1'88	3'79	—4'54	24'02	+4'73	11'20	—6'72	6'25	—0'05	2'02	+1'26	0'08	—0'26	0	—1'30	58'66	—9'06
Indore	0'26	+0'01	0	—0'24	0	—0'05	0'11	—0'06	0'10	—0'37	2'08	—4'25	9'60	—0'16	7'27	—0'48	6'68	—0'78	1'71	+0'62	1'29	+0'05	1'16	+0'98	30'26	—3'73
Deesa	0	—0'14	0	—0'14	0	—0'08	0	—0'05	0'02	—0'17	0'67	—1'61	0'93	—8'39	4'97	—2'80	6'84	+3'30	0	—0'58	0	—0'14	0	—0'05	13'43	—10'85
Kurrachee	0	—0'66	0'01	—0'29	0	—0'16	0	—0'13	1'85	+1'82	3'35	+2'88	0'04	—3'02	2'60	+0'87	3'12	+2'48	0	—0'04	0	—0'16	0'02	—0'17	10'99	+3'42
Bombay	0	—0'12	0	—0'02	0	—0'01	0	—0'05	0	—0'55	9'77	—10'79	14'54	—10'02	18'43	+3'52	27'63	+16'70	0'78	—0'98	0'01	—0'46	0'81	+0'76	71'97	—2'02
Belgaum	0	—0'06	0	—0'03	0'19	—0'30	0'32	—1'73	1'95	—0'78	8'13	—1'19	15'95	+0'58	3'34	—5'81	3'86	—0'19	9'09	+4'00	2'54	+1'21	7'60	+7'36	52'97	+3'06
Nagpur	0	—0'58	0	—0'42	0	—0'57	0'04	—0'42	0'08	—0'60	1'78	—6'66	9'86	—3'63	9'43	—0'36	4'09	—4'02	1'02	—1'12	0'46	—0'05	1'48	+1'05	28'24	—17'38
Bellary.	0	—0'10	0	—0'03	0	—0'42	0'55	—0'28	4'25	+2'32	4'34	+2'50	0'48	—0'93	1'13	—1'05	3'49	—0'63	5'33	+1'29	2'56	+1'36	0'08	—0'12	22'21	+3'91
Bangalore	0'03	—0'03	0	—0'22	0'67	—0'05	2'29	+1'10	4'28	—0'25	2'45	—0'68	1'26	—2'87	3'13	—2'87	8'41	+1'30	8'66	+1'92	0'44	—2'17	1'00	+0'61	32'62	—4'21
Madras	1'28	+0'45	0'05	—0'23	0	—0'37	0'02	—0'63	0'17	—1'79	0'39	—1'67	4'24	+0'44	3'26	—1'40	4'65	—0'19	20'67	+9'74	10'53	—2'77	9'18	+3'93	54'44	+5'51
Rangoon	0	—0'11	0	—0'23	0	—0'16	?	?	?	?	?	?	24'30	+2'93	20'18	+0'53	15'35	—0'54	4'00	—3'12	0	—2'52	1'15	+1'08	64'98?	?



A.—COMMANDS.				Years.	Average strength.*	RATIO PER MILLE OF STRENGTH.											
						Admissions into hospital.	Constantly sick.	Deaths.	Invalids.	DEATHS FROM							
										Cholera.	Small-pox.	Enteric fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.
Bengal Command	...	...	{	1896-1900	20,573	1,364	92	17'78	36	1'17	'04	7'56	'93	'71	'41	1'08	1'93
				1901	19,000	980	62	12'95	37	'37	'16	2'58	'63	'47	'37	1'47	1'79
				1902	17,765	1,063	71	15'31	36	'17	'11	4 00	'84	'73	'73	'96	2'98
Punjab Command	...	...	{	1896-1900	17,800	1,297	77	18'09	28	'39	'07	8'63	1'12	'57	1'08	'82	'99
				1901	16,431	1,099	63	12'90	38	...	...	4'97	'79	'67	1'03	1'10	'85
				1902	15,636	1,050	62	14 07	35	...	...	5'05	1'02	'64	1'53	'70	1'15
Madras Command	...	...	{	1896-1900	12,211	1,304	92	11'38	41	'52	'03	3'80	'43	'41	'20	'75	1'20
				1901	10,282	1,278	79	9'34	43	'19	...	1'75	'29	'19	'49	'19	1'56
				1902	11,097	1,083	70	8'92	40	...	'18	1'71	'45	...	'27	'18	1'17
Bombay Command	...	...	{	1896-1900	15,140	1,338	82	15'13	29	'78	'08	6'79	'41	'58	'46	'61	1'24
				1901	15,125	1,149	69	13'16	42	'20	...	3'50	'60	'40	'33	'73	1'26
				1902	14,404	1,125	67	19'58	43	...	...	5 69	'69	'90	1'18	'83	1'94
India	...	...	{	1896-1900	66,974	1,339	86	17'08	33	'73	'05	7'13	'79	'58	'59	1'10	1'36
				1901	60,838	1,104	67	12'38	39	'20	'05	3'32	'61	'46	'56	'97	1'36
				1902	60,540	1,078	66	14'68	37	'05	'07	4'29	'76	'59	'97	'63	1'85
			{	1891-1900	68,224	1,399	87	16'21	29	1'06	'05	6'46	1'78	'55	'60	'87	1'24

\* The quinquennial and decennial ratios are, of course, worked on the total strength of the five year and ten year periods respectively.

B.—GROUPS.		Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.											
				Admissions.	Constantly sick.	ADMISSIONS FROM									Venereal diseases.
						Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	
Group I.—Burma Coast and Bay Islands.		1891-1900	1,269	1,337	93	35'4	'1	'2	8'4	148'9	5'4	86'5	2'1	56'2	496'2
		1901	1,049	1,273	67	59'1	...	1'0	...	225'0	...	7'6	1'0	44'8	476'6
		1902	1,044	1,147	66	3'8	...	...	3'8	151'3	7'7	32 6	...	42'1	431'0
" II.—Burma Inland	...	1891-1900	2,572	1,516	95	6'9	'4	'1	4'7	357'7	21'7	48'6	1'8	31'9	481'3
		1901	1,906	1,672	97	...	...	...	4'2	796'4	9'4	...	6'8	28'9	295'9
		1902	1,631	1,426	91	3'7	...	'6	4'3	528'5	1'8	5'5	1'2	22'1	281'4
" IV.—Bengal and Orissa	...	1891-1900	2,263	1,501	89	5'0	'7	...	11'1	425 4	30'8	19'8	2'2	63'0	447'1
		1901	2,025	1,139	75	1'5	...	1'0	7 4	248'4	15'3	4'0	2 0	85'9	370'9
		1902	1,809	1,234	70	5'0	'6	...	9'4	259 8	54 7	'6	2'8	74 6	413'5
" V.—Gangetic Plain and Chutia Nagpur.	...	1891-1900	6,973	1,424	100	9'0	6'1	'6	30 2	233'2	9'1	47'4	2'1	31'3	539'5
		1901	5,150	938	58	5'7	'8	'2	11'0	229'1	1'9	37'8	2'8	19'3	219'6
		1902	5,454	1,076	75	'9	'4	'6	19'6	230 8	3'5	12'8	2'4	20'4	287'5
" VI.—Upper Sub-Himalaya	...	1891-1900	13,325	1,497	90	3'6	1'2	'5	27'0	438'7	10'7	32'3	5'6	22'9	428'7
		1901	11,045	1,179	69	4'4	...	...	14'0	395'7	6'9	7'8	5'2	18'7	253'0
		1902	11,281	1,086	71	'5	...	'6	21'7	302'3	7'5	14'7	9'0	15'3	243'6
" VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	...	1891-1900	4,741	1,654	86	3'7	1'2	'4	19'5	692 0	46'7	20'4	7'0	19'7	316'3
		1901	4,458	1,041	62	13'5	...	1'1	11'7	285'9	8'1	54'1	3'8	9'4	227'9
		1902	4,260	1,150	59	...	...	'7	10'6	385'9	8'0	5'6	5'9	14'6	243'2
" VIII.—South-Eastern Rajputana, Central India, and Gujarat.	...	1891-1900	6,330	1,614	99	5'5	1'7	'9	32'2	443'3	10'3	41'1	2'5	22'4	504'4
		1901	5,412	1,412	85	9'9	'4	'2	25'4	461'4	19'7	42'8	2'8	23'2	313'1
		1902	4,320	1,340	81	1'2	...	'2	18'3	437'5	4'2	20'8	3'7	16'2	346'8
" IX.—Deccan	...	1891-1900	9,524	1,271	91	10'8	1'2	1'6	21'5	247'5	8'0	31'8	2'2	30'4	484'1
		1901	8,630	1,203	79	8'1	'3	1'0	17 0	220'7	2'9	41'1	2'3	22'2	408'9
		1902	8,594	1,144	71	1'5	...	'3	18'5	236'7	3'6	15'4	2 3	18'3	371'5
" X.—Western Coast	...	1891-1900	1,513	1,191	77	'8	'1	'2	7'3	149'6	7'4	74'0	1 7	16'7	426'8
		1901	1,552	851	54	2'6	...	...	'6	206'8	3'9	12'2	3 2	13'5	216 5
		1902	1,593	742	56	1 3	...	...	5'0	105'5	7'5	7 5	6'9	9'4	200'5
" XI.—Southern India	...	1891-1900	3,371	1,254	83	9'0	'4	'7	16'9	143'3	9'1	54'6	2'5	33'2	458'7
		1901	2,662	1,063	59	6'0	'8	...	3'8	127'7	7'1	80'0	1'1	20'7	329'1
		1902	3,495	954	53	4'0	...	'6	9'4	114'4	2'9	12'0	4'0	13'7	348'2
" XIIa.—Hill Stations	...	1891-1900	8,189	1,156	76	6'8	'8	...	33'8	233'1	8'9	19'7	5'1	18'3	355'0
		1901	8,692	781	49	13'6	...	...	12'0	122'9	3'2	3'2	6'3	12'5	212'8
		1902	8,324	873	57	4'1	...	'4	20'8	107'8	5'4	18'9	6'4	17'7	205'9
" XIIb.—Hill Convalescent Depôts and Sanitaria.	...	1891-1900	3,376	1,250	85	7'2	'9	'1	15'8	275'7	9'7	13'0	3'7	23'8	351'3
		1901	3,184	1,303	81	20'1	...	...	10'4	434'7	3'5	10'1	4'7	17'9	208'9
		1902	3,229	1,152	76	2'5	...	...	19'5	228'6	8'7	6'8	6'2	26'0	206 9
India ...	...	1891-1900	68,224	1,399	87	6'8	1'5	'4	24'2	346'1	14'6	35'4	3'8	29'6	431'0
		1901	60,838	1,104	67	8'0	'2	'3	12'8	293'2	6'3	24'4	4'0	21'3	276'0
		1902	60,540	1,078	66	1'8	'05	'4	16'7	247'1	6'7	14'0	5'9	20'4	281'4

† The decennial ratios are, of course, worked on the total strength of the ten year period.



C.—Admission and death rates from enteric fever in stations of over 1,000 strength.

STATIONS.	1902.		DECENNIAL 1891-1900.		STATIONS.	1902.		DECENNIAL 1891-1900.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.		Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
Umballa ...	43·2	7·06	33·1	9·07	Peshawar ...	13·8	5·54	37·7	13·77
Mhow ...	34·8	7·53	30·9	7·52	Bangalore ...	12·0	2·67	22·0	4·24
Quetta ...	33·0	7·71	33·0	7·60	Secunderabad ...	8·8	1·47	23·2	5·52
Meerut ...	31·2	8·70	34·8	10·45	Belgam ...	7·5	1·66	3·9	1·43
Lucknow ...	28·5	6·22	40·0	10·09	Aden ...	7·5	2·80	4·9	2·19
Sialkot ...	27·5	8·88	21·5	5·24	Colaba (Bombay) ...	5·3	6·05	4·6	1·80
Poona ...	18·6	5·85	18·9	5·71	Kurrachee ...	4·6	1·83	7·4	1·77
Rawalpindi ...	18·5	4·63	29·2	7·74	Agra ...	3·9	1·96	46·3	12·37

PERIOD.	D.—OFFICERS.				E.—WOMEN.				F.—CHILDREN.			
	Average annual strength.*	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death-rate per 1,000.	Average annual strength.*	Admission rate. per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.	Average annual strength.*	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.
1891-1900 ...	2,026	858·9	†30·1	15·94	3,130	799·6	35·5	16·13	5,669	587·3	26·1	44·86
1901 ...	1,799	830·5	30·9	11·11	2,729	714·6	33·2	12·83	5,069	510·0	25·0	32·95
1902 ...	1,931	818·2	29·9	16·05	2,555	799·6	36·2	14·87	4,709	595·0	26·4	45·23

\* The decennial ratios are, of course, worked on the total strength of the ten year period.  
† For two years only.

Appendix to Section III.—Native Troops.

G.—ENTERIC FEVER.				1891-1900.		1902.	
				Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops ...	...	...	...	24·2	6·46	16·7	4·29
Native troops ...	...	...	...	·3	·09	·4	·10
Gurkhas only ...	...	...	...	1·4	·38	2·3	·72
Prisoners ...	...	...	...	·3	·12	·6	·13

				H.—TUBERCLE OF THE LUNGS. 1902.		I.—VENEREAL. 1902.	
				Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
Bengal and Punjab Commands ...	...	...	...	6·0	1·06	25·4	
Gurkha Regiments ...	...	...	...	15·6	4·24	51·0	

				J.—INFLUENZA.				K.—PNEUMONIA.			
				1891-1900.		1902.		1891-1900.		1902.	
				Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops ...	...	...	...	6·8	·03	1·8	·02	3·8	·60	5·9	·97
Native troops ...	...	...	...	8·1	·12	2·1	...	14·4	3·24	15·3	3·71
Prisoners ...	...	...	...	23·8	·38	8·0	·14	16·2	4·27	13·2	3·38

L.—COMMANDS.				Years.	Average strength.*	RATIO PER MILLE OF STRENGTH.										Mortality including absent deaths.	
						Admissions into hospital.	Constantly sick.	DEATHS FROM									
								Cholera.	Small-pox.	Enteric fever.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.		All causes.
al Command	...	...	1895-1900	26,632	767	31	1'04	'04	'17	'86	1'10	2'07	'49	'04	9'65	14'56	
			1901	26,200	667	27	'46	...	'15	'80	1'11	1'30	'31	'08	8'44	12'71	
			1902	26,652	629	25	'19	...	'15	1'09	'86	1'61	'34	'11	8'03	13'09	
ab Command	...	...	1896-1900	40,666	819	30	1'05	'04	'10	1'58	'96	5'46	'41	'04	13'63	18'51	
			1901	46,050	944	30	'07	'02	'22	1'72	1'06	3'87	'17	'02	12'03	15'61	
			1902	43,486	746	27	...	...	'16	1'31	1'17	5'70	'32	'02	12'76	17'43	
ras Command	...	...	1896-1900	22,967	684	31	1'28	'03	'03	'79	'37	1'42	'35	'05	9'73	13'05	
			1901	18,622	699	28	'21	'11	...	'86	'48	'81	'38	'05	8'80	12'24	
			1902	18,017	704	28	'33	'06	...	'72	'33	2'22	'39	'06	12'77	16'76	
bay Command	...	...	1896-1900	26,096	837	29	'92	'06	'06	1'10	'41	3'13	'62	'11	11'27	14'19	
			1901	22,428	933	35	...	'04	'04	1'38	'71	4'01	'80	'13	12'93	16'76	
			1902	24,371	856	30	...	'04	'04	1'19	'70	4'39	'57	'12	11'65	13'87	
erabad Contingent	...	...	1896-1900	6,529	516	19	1'16	'06	...	'70	'15	2'63	'21	'06	7'54	9'19	
			1901	5,826	543	21	...	...	...	'51	...	1'03	'51	...	4'81	5'49	
			1902	6,204	518	18	...	...	...	1'61	'32	2'10	'32	...	9'83	12'09	
a	...	...	1896-1900	127,223	781	30	1'03	'04	'09	1'14	'71	3'36	'51	'06	11'81	15'69	
			1901	122,806	820	30	'15	'03	'12	1'25	'84	2'72	'38	'06	10'68	13'89	
			1902	121,231	718	27	'12	'02	'10	1'14	'80	'71	'39	'06	11'16	15'01	
			1891-1900	127,666	852	32	1'11	'03	'09	1'25	'61	3'24	'59	'06	12'22	16'62	

\* The quinquennial and decennial ratios are, of course, worked on the total strength of the five year and ten year periods respectively.

M.—GROUPS.		Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.											
				Admissions.	Constantly sick.	ADMISSIONS FROM									
						Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	Veneral diseases.
up 1.—Burma Coast and Islands.	Bay {	1891-1900	1,891	794	37	2'7	'1	'2	...	195'2	6'6	4'3	5'0	66'4	55'5
		1901	1,452	545	26	2'1	...	...	...	97'1	9'0	2'1	1'4	63'4	68'9
		1902	1,362	1,043	26	2'2	...	...	'7	254'8	6'6	14'7	2'2	76'4	77'8
II.—Burma Inland ...	... {	1891-1900	6,083	1,165	50	2'9	1'7	'1	'1	576'6	10'2	7'2	4'7	71'5	47'8
		1901	4,084	1,214	35	.	...	...	...	714'0	6'6	32'1	2'0	34'8	27'4
		1902	3,659	983	33	...	'3	...	...	422'0	2'7	...	1'9	53'0	23'0
III.—Assam ...	... {	1891-1900	2,003	1,209	51	9'2	3'0	'4	3'8	512'1	16'5	6'6	9'4	100'0	71'2
		1901	1,472	1,082	46	'7	...	...	4'8	578'1	13'6	...	3'4	46'2	17'0
		1902	1,427	651	32	...	1'4	...	1'4	270'5	15'4	...	2'8	77'1	28'0
IV.—Bengal and Orissa	... {	1891-1900	2,935	1,120	44	4'7	'4	'3	'2	511'2	15'0	6'7	5'9	86'1	35'6
		1901	2,287	854	42	...	'9	'9	...	411'0	24'0	...	4'4	41'1	31'9
		1902	2,280	824	34	2'6	...	'4	...	382'0	12'7	...	3'5	72'8	52'2
V.—Gangetic Plain and Chutia Nagpur.	{	1891-1900	6,463	668	28	7'8	1'6	'3	'3	215'4	12'5	2'8	7'6	42'3	33'7
		1901	5,564	625	26	11'9	2'9	'5	'4	191'2	5'0	'2	8'6	42'2	22'1
		1902	6,136	516	21	...	1'0	1'0	'5	140'8	9'0	...	8'0	37'8	23'3
VI.—Upper Sub-Himalaya	... {	1891-1900	15,166	732	29	2'9	1'0	'6	'2	280'8	17'9	3'1	15'0	29'8	33'7
		1901	15,263	657	25	1'5	'3	'3	'3	243'1	12'8	'3	18'0	31'4	24'3
		1902	14,978	636	23	'5	'1	'9	'3	227'3	14'1	2'1	20'1	28'9	25'0
VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	{	1891-1900	15,459	1,102	36	8'9	2'3	'6	'2	507'5	22'2	10'3	29'4	56'5	22'5
		1901	16,951	957	32	1'7	'1	'9	'1	430'6	16'9	1'0	14'6	55'7	18'8
		1902	16,472	901	32	3'9	...	1'2	'4	374'1	19'0	3'3	21'7	58'9	22'5
VIII.—South-Eastern Rajputana, Central India, and Gujara- rat.	{	1891-1900	12,679	814	27	6'0	1'6	'7	'1	337'5	11'3	11'3	13'1	29'9	41'5
		1901	10,994	1,024	37	8'1	...	'4	...	520'8	13'2	10'7	15'3	26'2	59'9
		1902	10,754	898	33	1'0	...	'6	'3	424'1	13'4	9'0	15'3	28'8	63'2
IX.—Deccan ...	... {	1891-1900	19,504	736	27	7'0	1'9	1'3	'1	292'6	11'2	11'6	9'3	31'3	43'0
		1901	14,468	602	26	4'7	...	'3	'1	224'1	6'7	6'8	6'4	18'5	58'4
		1902	15,978	631	24	'8	...	'4	...	242'2	5'9	6'0	6'8	29'3	45'8
X.—Western Coast ...	... {	1891-1900	3,055	714	29	2'2	'3	'5	'4	159'9	14'9	26'8	6'7	60'5	53'3
		1901	2,021	842	33	...	...	'5	...	281'5	20'3	10'9	12'4	52'9	69'3
		1902	1,670	701	27	...	...	1'2	...	219'8	7'2	3'6	10'8	37'7	53'3
XI.—Southern India ...	... {	1891-1900	8,244	565	29	3'5	2'5	'6	'1	132'0	3'6	21'7	7'9	20'1	43'2
		1901	6,436	655	32	'2	1'1	1'7	...	180'4	3'7	3'7	8'9	24'9	47'7
		1902	6,270	728	32	'6	1'4	1'6	'2	227'6	3'5	9'1	13'1	24'2	50'1
XII.—Hill Stations ...	... {	1891-1900	17,027	1,075	40	21'3	1'0	'3	'6	470'0	24'6	8'4	20'5	53'3	49'6
		1901	20,936	945	35	15'0	'1	'4	'4	391'3	33'1	1'4	18'6	48'9	33'5
		1902	20,950	822	32	3'5	...	'5	1'3	328'7	18'5	3'2	20'5	56'3	31'9
dia ...	... {	1891-1900	127,666	852	32	8'1	1'8	'5	'3	348'8	15'2	9'1	14'4	48'8	37'2
		1901	122,806	829	30	9'7	'3	'4	'2	358'4	14'3	4'9	12'7	43'2	34'3
		1902	124,231	718	27	2'1	'2	'6	'4	274'5	11'9	5'1	15'3	46'0	32'8

† The decennial ratios are, of course, worked on the total strength of the ten year period.



N.--ADMINISTRATIONS.				Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH.*											
						Admissions.	Constantly sick.	DEATHS FROM									
								Cholera.	Small-pox.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhoea.	Anæmia and debility.	All causes.
Andamans ...	1896-1900	10,975	1,689	51	...	...	3'17	5'50	2'48	1'02	10'04	2'26	2'00	3'17			
	1901	12,183	1,683	51	...	...	2'87	6'57	4'10	'98	11'08	2'05	'08	3'03			
	1902	12,907	1,797	56	...	...	3'80	9'61	4'34	1'78	13'87	1'86	...	4'03			
Burma ...	1896-1900	13,127	626	30	2'00	'14	'44	3'84	2'04	'43	4'27	'90	'46	2'03			
	1901	11,840	551	26	1'44	...	'17	4'31	1'18	'25	2'28	'17	'17	1'11			
	1902	11,525	537	25	...	...	'43	3'82	1'65	'87	2'95	'43	'26	1'11			
Assam ...	1896-1900	1,284	961	49	4'67	...	2'65	1'40	2'65	1'71	8'88	4'05	3'58	4'03			
	1901	1,338	1,022	45	'75	...	2'99	...	'75	'75	5'98	2'99	3'74	2'03			
	1902	1,220	762	40	'82	...	2'46	2'46	3'28	...	7'38	...	3'28	3'03			
Bengal ...	1896-1900	18,121	1,067	37	2'40	'03	'96	3'77	3'60	'91	7'75	1'57	'96	3'03			
	1901	20,149	1,090	39	'89	'10	'35	3'72	2'83	'74	8'14	1'09	'40	2'03			
	1902	20,580	1,034	41	'53	'05	'39	3'50	3'06	'53	6'12	1'55	'92	2'03			
United Provinces of Agra and Oudh ...	1896-1900	32,128	883	45	'47	'07	'47	2'71	4'86	1'00	6'09	2'04	2'66	2'03			
	1901	29,311	840	40	1'13	...	'07	3'68	2'46	1'19	5'87	1'23	'48	2'03			
	1902	27,751	735	35	'32	'04	'14	3'35	2'20	'76	4'94	1'77	'07	2'03			
Punjab (a) ...	1896-1900	12,081	1,253	33	'22	'10	'55	2'83	4'87	'74	3'24	'96	'36	1'03			
	1901	13,469	1,251	38	...	...	'45	3'04	5'12	'45	4'68	1'04	1'11	2'03			
	1902	12,782	1,136	35	...	'23	'70	4'46	5'71	'55	2'74	1'17	'86	2'03			
North-West Frontier Province ...	1896-1900	1,178	1,225	41	...	...	1'87	'68	4'24	1'02	2'21	1'87	...	1'03			
	1901	1,248	953	30	...	4'01	...	...	4'81	'80	4'01	...	...	2'03			
	1902	1,290	975	32	...	...	...	2'33	7'75	...	5'43	'78	...	2'03			
Bombay ...	1896-1900	8,759	773	29	3'27	'09	2'44	2'74	6'12	1'35	3'27	3'04	1'46	3'03			
	1901	10,270	994	37	...	'29	1'56	3'80	10'02	1'95	2'63	1'85	1'46	3'03			
	1902	9,898	648	31	...	...	'91	3'44	5'76	1'72	1'62	2'63	1'01	2'03			
Berar and Secunderabad ...	1896-1900	1,659	637	19	1'93	...	'36	1'57	5'30	4'10	6'75	2'89	3'25	3'03			
	1901	1,453	676	20	...	...	'67	2'02	6'74	3'37	2'02	'67	2'70	2'03			
	1902	1,175	783	19	...	...	...	...	4'26	1'70	...	2'55	'85	1'03			
Central Provinces ...	1896-1900	5,583	1,072	45	3'51	'25	1'22	4'12	5'30	1'40	30'49	9'78	5'02	7'03			
	1901	4,802	861	29	...	...	...	2'50	3'12	1'46	7'91	4'79	2'29	7'03			
	1902	4,148	972	32	...	...	'24	3'86	3'14	'72	5'06	2'17	'72	2'03			
Madras ...	1896-1900	8,870	646	27	5'30	'11	'14	3'56	2'37	'54	4'10	'05	'34	2'03			
	1901	10,456	593	25	3'54	...	'10	4'11	2'10	'10	2'87	...	'29	2'03			
	1902	10,382	469	22	'29	'10	'10	3'85	2'02	'10	1'83	'10	'58	1'03			
India †	1896-1900	114,293	981	38	1'68	'08	1'03	3'35	4'02	'94	7'04	2'10	1'67	2'03			
	1901	117,203	981	37	'90	'09	'65	3'86	3'61	'93	5'85	1'34	'71	2'03			
	1902	114,334	913	35	'21	'05	'78	4'25	3'38	'85	5'13	1'44	'52	2'03			
1891-1900		108,606	1,024	39	1'99	'08	1'20	2'98	4'27	1'09	6'81	2'18	1'78	3'03			

\* Excluding subsidiary jails.

† Including Ajmer, Quetta and Mercara.

(a) Excluding jails transferred to N.-W. F. Province

O.—GROUPS.	Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH.*										
			Admissions.	Constantly sick.	ADMISSIONS FROM								
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	
Group I.—Burma Coast and Bay Islands ...	1896-1900 1901 1902	19,571 19,045 20,655	1,257 1,257 1,339	44 42 45	9'6 2'7 1'3	1'5 1'1 '1	'2 ... ...	'1 '4 '2	551'2 623'3 732'3	12'5 15'4 8'9	27'0 3'4 1'1	5'8 9'0 9'9	
„ II.—Burma Inland ...	1896-1900 1901 1902	4,530 4,078 3,777	479 481 456	23 22 23	3'9 ... 10'6	2'8 1'0 ...	'4 ... '3	'3 '5 '5	127'0 132'9 112'3	7'4 1'7 3'4	6'6 1'7 '5	9'0 10'5 13'0	
„ III.—Assam ...	1896-1900 1901 1902	1,243 1,308 1,179	933 1,029 772	49 45 41	4'0 61'9 ...	7'2 '8 '8	... '8 ...	... ... ...	327'8 372'3 327'4	11'4 5'4 5'9	1'1 8'4 ...	8'2 2'3 7'6	
„ IV.—Bengal and Orissa ...	1896-1900 1901 1902	11,200 12,467 12,810	1,092 1,131 1,014	29 42 40	38'8 28'7 23'7	2'5 1'1 '5	'1 '4 1'2	'1 '1 '5	310'7 289'6 301'6	11'0 3'1 2'0	92'0 42'2 1'1	18'6 9'4 11'7	
„ V.—Gangetic Plain and Chutia Nagpur	1896-1900 1901 1902	28,575 27,156 25,830	914 850 789	43 36 36	28'1 45'0 12'7	2'6 2'5 '8	1'3 '1 '3	'2 '4 '8	282'1 257'2 272'2	8'7 1'0 1'5	13'4 4'3 2'5	15'4 11'5 9'8	
„ VI.—Upper Sub-Himalaya ...	1896-1900 1901 1902	14,581 14,698 14,253	1,145 1,164 1,088	36 39 35	31'6 43'2 6'0	'6 '1 ...	'5 '1 '3	'1 '4 1'1	511'9 532'2 492'9	4'8 1'6 2'1	6'5 4'9 2'5	25'9 19'3 19'5	
„ VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1896-1900 1901 1902	7,288 8,118 7,718	974 925 790	31 30 29	8'3 '4 ...	... ... ...	1'0 3'9 1'4	'2 '2 '4	403'1 375'8 306'2	7'2 1'8 1'0	1'2 1'5 2'7	26'9 35'4 34'1	
„ VIII.—South-Eastern Rajputana, Central India, and Gujarat.	1896-1900 1901 1902	5,298 5,521 5,562	748 930 826	40 46 42	12'1 52'0 '2	'5 ... ...	1'2 2'0 '2	... '4 ...	254'9 346'5 312'5	1'6 1'1 1'6	1'1 '4 '7	31'6 24'6 16'9	
„ IX.—Deccan ...	1896-1900 1901 1902	10,770 10,559 9,561	968 1,088 867	38 38 33	13'0 13'5 13'3	4'9 '1 ...	1'2 '7 ...	'4 '3 '4	288'4 494'0 298'2	4'3 6'3 16'9	5'7 1'8 4'8	14'0 14'5 8'8	
„ X.—Western Coast ...	1896-1900 1901 1902	2,607 3,208 3,009	677 554 427	30 25 22	1'8 5'9 ...	13'8 '3 '3	1'5 1'2 '3	1'8 1'6 3'3	139'4 169'9 123'6	33'9 13'1 1'3	18'7 17'8 1'0	7'7 11'8 7'0	
„ XI.—Southern India ...	1896-1900 1901 1902	7,948 9,464 9,319	657 611 485	27 26 22	5'7 17'1 ...	14'1 10'0 '4	'5 ... '5	'5 '1 '1	111'4 148'9 111'7	'8 1'6 1'1	65'3 40'4 23'0	8'3 10'4 9'7	
„ XII.—Hills ...	1896-1900 1901 1902	642 640 614	1,015 875 785	31 32 26	11'5 23'4 ...	4'7 6'3 ...	5'3 ... ...	'6 ... 3'3	305'2 237'5 265'5	8'1 1'6 6'5	49'9 10'9 21'2	21'2 15'6 22'8	
India† ...	1896-1900 1901 1902	114,293 117,203 114,334	981 981 913	38 37 35	19'5 25'4 8'0	3'2 1'8 '3	'8 '5 '4	'2 '3 '6	339'8 377'3 370'7	8'2 4'7 4'3	24'0 10'9 3'8	15'9 14'2 13'2	

\* Excluding subsidiary jails.

† Including Aden.

‡ The quinquennial and decennial ratios are, of course, worked on the total strength five year and ten year periods respectively.



P.—CAUSES OF ADMISSION.					Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	
Influenza	...	...	...	...	1898	91	239	572	631	338	201	41	146	48	6	20	10	2,343	
					1899	60	230	460	363	280	23	17	13	31	48	49	48	1,622	
					1900	79	140	147	249	538	107	282	192	56	48	123	98	2,059	
					1901	56	137	383	1,247	677	145	44	45	35	51	83	76	2,979	
					1902	65	72	135	116	183	115	30	90	39	28	10	24	912	
Total					1898-1902	351	818	1,697	2,606	2,021	591	414	486	209	181	285	256	9,915	
Cholera	...	...	...	...	1898	...	3	7	2	5	4	1	...	...	1	...	...	23	
					1899	...	3	1	8	25	19	6	4	29	2	...	2	...	101
					1900	8	8	16	24	68	62	138	113	43	4	18	3	505	
					1901	46	...	2	2	17	6	43	38	35	5	3	14	211	
					1902	1	...	3	2	1	2	2	3	14	...	6	2	36	
Total					1898-1902	55	14	29	38	116	93	190	158	94	39	29	21	876	
Enteric Fever	...	...	...	...	1898	1	1	3	3	1	1	...	2	1	3	3	1	20	
					1899	1	2	1	...	...	3	5	3	...	6	...	...	21	
					1900	1	...	2	1	...	4	7	3	6	5	5	...	34	
					1901	3	...	4	5	7	5	6	4	4	2	1	...	41	
					1902	3	1	7	6	4	7	11	10	11	8	...	1	69	
Total					1898-1902	9	4	17	15	12	20	29	22	22	24	9	2	185	
Intermittent Fever	...	...	...	...	1898	2,521	1,788	2,322	2,558	2,794	3,225	3,310	3,704	4,298	4,877	3,823	2,807	38,027	
					1899	2,436	2,051	2,933	3,040	3,298	3,540	4,172	4,184	3,494	3,278	3,014	2,336	37,776	
					1900	1,980	2,145	2,407	3,039	2,714	3,378	3,711	4,089	4,599	6,238	5,160	4,134	43,594	
					1901	3,235	2,477	3,292	3,510	3,713	4,056	3,519	3,771	4,441	4,822	4,220	3,164	44,220	
					1902	2,465	2,071	2,428	3,065	3,547	4,112	4,146	4,222	4,362	4,641	4,223	3,099	42,381	
Total					1898-1902	12,637	10,532	13,382	15,212	16,066	18,311	18,858	19,970	21,194	23,856	20,440	15,540	205,998	
Remittent Fever	...	...	...	...	1898	39	54	61	75	51	48	62	81	57	52	45	45	670	
					1899	37	27	37	33	81	114	91	87	77	70	41	39	734	
					1900	45	41	55	66	71	62	77	133	57	44	47	32	730	
					1901	24	25	45	48	62	53	44	40	55	64	58	37	555	
					1902	32	32	31	31	56	49	31	85	72	31	24	20	494	
Total					1898-1902	177	179	229	253	321	326	305	426	318	261	215	173	3,183	
Simple continued Fever	...	...	...	...	1898	206	230	229	226	217	404	217	198	197	192	175	177	2,668	
					1899	176	124	112	107	109	140	180	205	171	255	384	300	2,263	
					1900	147	115	145	217	343	200	360	435	445	324	228	187	5,086	
					1901	167	130	184	114	146	162	100	56	53	54	72	41	1,279	
					1902	38	44	39	41	58	34	31	19	31	44	37	24	440	
Total					1898-1902	734	643	709	705	873	940	828	913	897	869	896	729	9,736	
Pneumonia	...	...	...	...	1898	260	150	235	149	120	122	88	70	77	105	182	198	1,756	
					1899	213	103	152	141	109	96	92	90	86	131	148	164	1,585	
					1900	221	204	217	145	140	119	116	92	94	105	144	178	1,775	
					1901	155	138	178	129	136	82	86	89	99	143	156	269	1,660	
					1902	224	185	179	92	108	107	84	91	70	88	145	137	1,510	
Total					1898-1902	1,073	840	961	656	613	526	466	432	426	572	775	946	8,286	
Dysentery	...	...	...	...	1898	740	520	575	638	759	862	1,055	1,298	1,106	957	984	814	10,308	
					1899	663	560	642	726	933	947	1,297	1,312	1,040	912	915	846	10,793	
					1900	659	613	969	942	1,122	1,105	1,548	1,938	1,636	1,363	1,457	1,210	14,612	
					1901	850	640	755	841	1,062	1,026	1,333	1,582	1,373	1,202	1,029	906	12,669	
					1902	734	596	769	735	838	874	1,102	1,249	1,231	1,029	1,048	814	11,019	
Total					1898-1902	3,626	2,929	3,710	3,882	4,714	4,814	6,335	7,429	6,386	5,463	5,433	4,670	59,391	

Q.—CAUSES OF DEATH.						DIED PER 1,000 OF AVERAGE STRENGTH.			RELATIVE LIABILITY IN PERCENTAGES.			PERCENTAGES IN DEATHS FROM ALL CAUSES.		
						European troops.	Native troops.	Prisoners.	European troops.	Native troops.	Prisoners.	European troops.	Native troops.	Prisoners.
Cholera	...	...	...	...	...	·05	·12	·21	13	32	55	·3	1·1	·8
Fevers*	...	...	...	...	...	4·99	2·16	2·02	54	24	22	34·0	19·4	8·1
Bowel-complaints	...	...	...	...	...	·74	·57	6·57	9	7	83	5·0	5·1	26·4
Spleen diseases	...	...	...	...	...	...	·02	·04	...	33	67	...	·1	·2
Anæmia and debility	...	...	...	...	...	·03	·17	·52	4	24	72	·2	1·5	2·1
Respiratory diseases	...	...	...	...	...	1·22	4·06	4·22	13	43	44	8·3	36·3	17·0
Tubercle of the lungs	...	...	...	...	...	·59	·80	4·25	10	14	75	4·1	7·2	17·1
All other causes	...	...	...	...	...	7·06	3·26	7·01	41	19	40	48·1	29·3	28·2
All causes	...	...	...	...	...	14·68	11·16	24·85	29	22	49	100·0	100·0	100·0

\* Enteric, intermittent, remittent, and simple continued fever.



Appendix to Section V.—Vital Statistics.  
STATEMENT NO. I.—Birth and Death Statistics.

PROVINCE.	Year.	BIRTHS.			NUMBER OF DEATHS.			RATIO OF DEATHS PER 1,000 OF POPULATION.			HIGHEST DEATH-RATE.		LOWEST DEATH RATE.		MEAN DEATH-RATE DURING PREVIOUS 5 YEARS.			Number of deaths of males.
		Total number.	Ratio per 1,000 of population.	Mean ratio per 1,000 of population du- ring previous 5 years.	In municipalities and towns.	In districts exclud- ing towns.	Total.	In municipalities and towns.	In districts exclud- ing towns.	Total.	In municipalities and towns.	In districts exclud- ing towns.	In municipalities and towns.	In districts exclud- ing towns.	In municipalities and towns.	In districts exclud- ing towns.	Total.	
Bengal . . . . .	1901	2,870,806	38'57	36'74	136,260	2,174,164	2,310,424	37'12	30'72	31'04	152'38	54'81	4'12	19'91	32'99	30'73	30'85	110
	1902	2,987,800	40'14	37'19	133,416	2,355,012	2,488,428	35'98	33'30	33'43	105'72	50'64	5'80	20'86	33'31	30'38	30'53	111
Assam . . . . .	1901	179,289	33'98	31'77	3,206	143,733	146,939	29'74	27'81	27'85	54'26	35'21	14'11	21'53	42'56	25'04	35'19	111
	1902	180,475	34'21	32'21	3,075	149,995	153,070	28'52	29'03	29'01	46'73	35'69	15'86	17'98	40'58	33'58	33'90	109
United Provinces of Agra and Oudh.	1901	1,972,131	41'35	38'45	144,979	1,300,056	1,445,035	29'34	42'87	30'30	110'90	38'53	18'51	19'26	40'60	32'52	33'09	101
	1902	2,186,201	45'84	39'65	157,903	1,394,143	1,552,046	46'69	31'46	32'54	104'94	42'57	18'29	23'27	41'12	31'83	32'48	101
Punjab . . . . .	1901	712,553	35'4	41'1	75,188	651,423	726,611	37'71	35'96	36'13	90'97	51'75	12'32	12'54	35'65	32'04	32'40	101
	1902	880,477	43'8	40'0	98,481	788,492	886,973	49'39	43'53	44'11	177'44	102'71	15'75	14'73	36'72	33'38	33'71	101
North-West Frontier Province.	1901	60,413	29'5	37'1	3,768	35,440	39,208	18'28	19'26	19'16	30'63	26'03	4'17	16'58	33'73	30'81	30'40	111
	1902	66,904	33'6	30'7	4,528	44,096	48,624	27'57	24'14	24'43	35'18	33'91	17'97	20'58	28'14	24'12	23'7	111
Central Provinces. .	1901	279,998	28'83	*	22,290	205,563	227,853	28'49	23'02	23'46	37'04	29'12	14'05	18'74	50'32	*	*	111
	1902	471,774	48'29	*	25,926	226,353	252,279	32'42	25'23	25'82	55'67	35'55	12'52	18'98	42'47	*	*	111
Berar . . . . .	1901	83,762	30'8	38'2	12,329	62,751	75,080	29'6	27'2	27'6	38'3	29'5	18'3	24'9	51'4	48'1	48'5	104
	1902	154,954	56'9	38'2	15,213	73,940	89,153	36'6	32'0	32'8	99'3	41'2	23'9	29'0	*	*	46'7	107
Madras Presidency .	1901	935,749	25'1	29'8	94,710	701,430	796,140	32'7	20'4	21'3	141'3	30'0	6'6	10'1	30'5	21'4	22'1	105
	1902	1,023,146	28'2	28'9	101,399	631,038	732,437	28'2	19'3	20'2	128'9	30'2	3'4	11'6	31'2	21'5	22'2	104
Coorg . . . . .	1901	3,401	18'83	22'0	811	5,779	6,590	53'18	34'95	36'49	83'82	43'89	23'13	26'94	45'67	31'85	33'02	127
	1902	4,319	23'91	20'67	563	4,324	4,887	36'92	26'15	27'06	56'74	30'11	15'62	20'60	43'27	33'92	39'12	122
Bombay Presidency .	1901	465,647	25'19	32'89	139,794	546,340	686,134	57'85	34'01	37'12	177'37	72'71	7'32	12'46	61'65	38'45	41'30	108
	1902	631,393	34'16	30'57	145,524	575,938	721,462	60'22	35'85	39'04	185'22	58'86	10'61	16'46	65'77	39'08	42'40	104
Lower Burma . . . . .	1901	177,865	32'07	34'72	19,919	100,646	120,565	29'99	20'62	21'74	38'42	25'25	16'52	14'71	32'19	25'26	26'17	129
	1902	175,106	31'57	34'68	19,882	97,504	117,386	29'93	19'97	21'16	54'51	26'23	10'93	14'28	32'52	24'80	25'79	128
Upper Burma . . . . .	1901†	11,334	37'66	...	10,010	...	10,010	33'27	...	33'27	35'80	...	16'31	...	...	...	...	111
	1902‡	11,458	38'0	*	9,014	40,905	49,919	29'95	15'82	17'30	43'73	29'15	14'19	11'21	*	*	*	98
Ajmer-Merwara. . . . .	1901	7,679	16'10	32'36	5,064	10,734	15,798	39'06	30'91	33'13	62'30	39'04	31'51	12'85	59'55	49'01	51'91	111
	1902	17,207	36'08	28'13	5,296	10,376	15,672	40'85	29'88	32'86	62'44	38'05	31'43	17'28	68'99	48'69	52'11	110

\* Not available.  
† Statistics for 13 towns.  
‡ Statistics of births for 13 towns only.

STATEMENT NO. II.—Total number of deaths by months.

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIO PER 1,000 OF POPULATION.	
														1901.	1902.
Bengal . . . . .	195,816	171,876	210,504	234,023	190,027	180,225	173,800	170,105	216,957	202,313	238,504	304,278	2,488,428	33'43	31'04
Assam . . . . .	12,374	10,610	11,069	12,535	13,641	11,512	11,305	10,824	12,753	15,803	15,362	15,282	153,070	29'01	27'85
United Provinces of Agra and Oudh . . . . .	120,242	102,365	115,622	130,340	141,275	127,548	102,120	116,842	146,532	150,654	151,955	146,351	1,552,046	32'54	30'30
Punjab . . . . .	83,925	83,129	113,418	111,018	84,535	49,679	41,632	48,106	51,577	68,325	73,960	77,169	886,973	44'11	36'13
North-West Frontier Province . . . . .	4,132	4,347	4,401	3,699	3,909	3,460	3,298	3,807	3,326	4,019	5,129	5,097	48,624	24'42	19'16
Central Provinces . . . . .	18,923	17,744	18,685	18,970	20,191	19,117	15,139	19,333	23,585	26,230	28,839	25,523	252,279	25'82	23'46
Berar . . . . .	5,964	5,835	6,525	6,944	6,365	4,055	4,432	7,435	10,300	11,253	10,664	9,363	89,153	32'8	27'6
Madras Presidency . . . . .	79,678	61,417	53,376	48,304	51,389	50,508	56,703	60,032	63,868	67,312	68,229	71,793	732,437	20'2	21'3
Coorg . . . . .	369	367	420	377	431	540	508	458	425	347	306	339	4,887	27'06	36'49
Bombay Presidency . . . . .	64,660	63,192	66,757	49,091	37,856	34,462	42,807	53,276	67,667	75,916	80,773	85,005	721,462	39'04	37'12
Burma . . . . .	9,958	8,192	7,866	8,374	8,090	9,726	11,854	11,882	10,458	10,373	10,468	10,145	117,386	21'16	21'74
	4,817	3,379	3,855	4,229	4,155	4,098	4,462	4,543	3,847	4,095	4,180	4,260	49,919	17'30	33'27‡
Ajmer-Merwara . . . . .	1,619	1,523	2,104	1,928	1,438	871	838	867	949	1,130	1,186	1,219	15,672	32'86	33'13
TOTAL	602,477	533,994	614,607	629,832	563,302	495,801	468,898	507,519	612,063	638,470	689,555	755,824	7,112,336	31'49	29'46

§ Statistics for towns only.



STATEMENT III.—Births.

PROVINCE.	Population under registration.	RATIO OF BIRTHS PER 1,000 OF POPULATION.			Number of males born to every 100 females born.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
		Maximum for any one district.	Minimum for any one district.	Mean for the province.			
Bengal . . . . .	74,428,193	53'10	14'29	40'14	105'	6'71	...
Assam . . . . .	5,275,706	45'23	24'46	34'21	106'66	5'20	...
United Provinces of Agra and Oudh.	47,691,782	56'74	30'04	45'84	107'25	13'30	...
Punjab . . . . .	20,108,690	54'4	19'1	43'8	110'4	...	0'3
North-West Frontier Province . .	1,990,744	37'7	31'8	33'6	121'9	9'2	...
Central Provinces . . . . .	9,770,567	76'34	38'56	48'29	104'78	22'46	...
Berar . . . . .	2,721,342	62'7	53'2	56'9	104'7	24'1	...
Madras Presidency . . . . .	36,291,330	3'49	22'4	28'2	104'1	8'0	...
Coorg . . . . .	180,607	31'20	17'76	23'91	100'98	...	3'14
Bombay Presidency . . . . .	18,481,362	52'93	16'54	34'16	107'80	...	4'88
Burma { Lower . . . . .	5,546,265	40'80	14'11	31'57	107'	10'	...
{ Upper* . . . . .	300,969	57'01	20'42	38'07	106'	8'	...
Ajmer-Merwara . . . . .	476,912	38'87	35'25	36'08	115'25	3'22	...

\* Statistics for 13 towns, registration of births being not enforced yet in the districts of Upper Burma.

STATEMENT IV.—Deaths.

PROVINCE.	Population under registration.	Area in square miles.	Average population per square mile.	RATIO OF DEATHS PER 1,000 OF POPULATION.			DEATH-RATE BY SEX.	
				Maximum for any one district.	Minimum for any one district.	Mean for the year.	Male.	Female.
Bengal . . . . .	74,428,193	147,264	505	50'09	21'02	33'43	35'36	31'50
Assam . . . . .	5,275,706	31,789	166	35'72	18'14	29'01	29'46	28'54
United Provinces of Agra and Oudh . . . .	47,691,782	107,164	445	49'5	23'80	32'54	32'54	32'55
Punjab . . . . .	20,108,690	97,209	207	103'9	21'3	44'1	41'1	47'6
North-West Frontier Province . . . .	1,990,744	13,688	149	33'3	20'7	24'4	24'0	24'9
Central Provinces . . . . .	9,770,567	81,610	120	38'96	18'99	25'82	27'55	24'15
Berar . . . . .	2,721,342	16,079	169	41'0	28'7	32'8	33'5	32'1
Madras Presidency . . . . .	36,291,330	129,239	281	42'4	11'9	20'2	20'8	19'5
Coorg . . . . .	180,607	1,583	126	29'80	24'16	27'06	26'87	27'31
Bombay Presidency . . . . .	18,481,362	122,984	150	63'13	17'66	39'04	38'77	39'32
Burma { Lower . . . . .	5,546,265	77,180	72	33'57	15'21	21'16	22'37	19'81
{ Upper . . . . .	2,886,302	24,768	117	29'72	11'21	17'30	18'12	16'55
Ajmer-Merwara . . . . .	476,912	2,711	176	33'24	31'60	32'86	32'73	33'01

STATEMENT V.—Deaths in Towns and Rural Circles compared.

PROVINCE.	NUMBER OF REGISTRATION CIRCLES.			POPULATION.			RATIO OF DEATHS PER 1,000 OF POPULATION.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
Bengal . . . . .	562	158	720	70,720,174	3,708,019	74,428,193	33'30	35'98	33'43
Assam . . . . .	70	19	89	5,167,896	107,810	5,275,706	29'03	28'52	29'01
U. P. of Agra and Oudh . . . . .	850	450	1,300	44,310,116	3,381,666	47,691,782	31'46	46'69	32'54
Punjab . . . . .	395	140	535	18,114,729	1,993,961	20,108,690	43'53	49'39	44'11
N.-W. F. Province . . . . .	61	10	71	1,826,493	164,251	1,990,744	24'14	27'57	24'43
Central Provinces . . . . .	164	55	219	8,970,811	799,756	9,770,567	25'23	32'42	25'82
Berar . . . . .	43	68	111	2,306,028	415,314	2,721,342	32'0	36'6	32'8
Madras Presidency . . . . .	183	147	330	32,700,774	3,590,556	36,291,330	19'3	28'2	20'2
Coorg . . . . .	5	5	10	165,358	15,249	180,607	26'15	36'92	27'06
Bombay Presidency . . . . .	220	63	283	16,065,004	2,416,358	18,481,362	35'85	60'22	39'04
Burma { Lower . . . . .	200	35	235	4,881,977	664,288	5,546,265	19'97	29'93	21'16
{ Upper . . . . .	109	13	122	2,585,333	300,969	2,886,302	15'82	29'95	17'30
Ajmer-Merwara . . . . .	17	6	23	347,280	129,632	476,912	29'88	40'85	32'86



STATEMENT NO. VI.—Deaths according to age.

PROVINCE.	RATIO PER 1,000 OF POPULATION.																			
	Under 1 year.		1 year and under 5 years.		5 years and under 10 years.		10 years and under 15 years.		15 years and under 20 years.		20 years and under 30 years.		30 years and under 40 years.		40 years and under 50 years.		50 years and under 60 years.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Bengal . . .	301'80	254'05	50'67	44'28	19'48	15'76	14'64	12'49	17'97	17'71	19'62	18'46	22'37	19'67	28'12	22'66	40'95	36'22	80'92	66'15
Assam . . .	198'53	179'61	35'75	35'24	14'45	11'70	13'81	12'15	19'25	24'11	18'43	21'63	21'53	20'60	25'49	21'02	36'71	31'36	66'15	54'11
U. P. of Agra and Oudh. . .	374'97	348'53	59'01	59'49	12'98	12'39	8'53	8'79	10'89	14'56	12'39	15'18	15'91	15'62	21'47	19'35	35'04	30'74	60'61	48'11
Punjab . . .	316'44	320'76	62'16	65'93	17'58	21'68	15'02	23'18	17'84	22'81	19'81	23'69	23'30	30'31	34'01	38'62	49'79	55'17	66'60	112'11
N.-W. F. Province	180'22	145'00	43'59	42'87	9'25	10'00	6'07	8'51	6'90	8'84	8'53	11'64	12'45	16'24	18'18	19'77	29'74	28'53	59'39	60'11
Central Provinces	492'91	431'12	32'84	29'23	9'95	8'52	6'59	6'16	9'04	9'14	9'68	9'28	12'50	10'65	19'36	13'67	29'67	23'04	73'99	59'11
Berar . . .	620'1	523'3	62'5	56'2	12'5	11'9	8'3	9'4	10'4	11'8	11'5	13'9	14'3	15'0	21'1	17'1	37'0	31'2	84'7	83'1
Madras Presidency	169'0	140'9	28'1	26'5	8'3	8'1	5'8	5'8	8'1	10'8	9'9	10'1	11'6	10'5	16'9	13'2	28'5	24'2	57'4	54'1
Coorg . . .	167'99	151'53	35'25	28'41	12'19	10'00	7'24	7'51	13'03	14'98	20'39	24'38	25'61	26'39	33'36	32'51	50'27	46'01	61'80	61'1
Bo. Presidency .	318'47	286'11	44'79	43'90	18'70	20'98	18'71	23'21	23'14	26'01	26'53	26'35	29'05	28'96	37'83	32'65	55'20	48'07	108'81	107'1
Burma { Lower	307'47	221'89	26'13	22'46	11'49	9'63	8'14	7'06	11'45	10'16	10'58	9'89	13'60	13'48	17'92	15'28	24'11	9'02	48'44	46'1
Upper	169'06	121'88	18'87	16'83	6'70	5'81	4'27	4'04	6'72	6'78	7'66	9'65	10'67	11'59	15'13	11'82	21'74	17'10	54'11	46'1
Ajmer-Merwara .	618'38	601'00	45'37	40'43	11'93	11'66	12'24	12'23	17'07	19'93	19'85	22'62	26'05	27'04	33'93	30'19	48'38	44'59	71'55	65'1

STATEMENT NO. VII.—Deaths according to cause.

PROVINCE.	DEATHS PER 1,000 OF POPULATION IN 1902.									Ratio of deaths in 1901.	Ratio of deaths in 1900.
	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhoea.	Respiratory diseases.	Injuries.	All other causes.	All causes.		
Bengal ... ..	2'02	'77	'44	23'13	'76	'07	'44	5'77	33'43	31'04	36'63
Assam ... ..	2'40	'126	...	14'72	2'13	'11	'35	8'04	23'01	27'85	30'64
United Provinces of Agra and Oudh ...	'53	'10	'84	24'51	'88	'33	'47	5'16	32'54	30'30	31'13
Punjab ... ..	'02	'58	8'52	23'54	'70	2'84	'32	7'60	44'11	36'13	47'69
North-West Frontier Province ... ..	...	'54	'002	18'92	'33	'32	'32	3'98	24'43	19'16	...
Central Provinces ... ..	...	'45	'11	14'52	1'11	'82	'56	8'25	25'82	23'46	56'75
Berar ... ..	'006	'1	1'55	13'7	4'2	1'6	'4	11'8	32'8	27'6	82'7
Madras Presidency ... ..	'8	'7	'3	7'7	1'0	'1	'4	9'2	20'2	21'3	23'4
Coorg ... ..	...	'11	...	22'79	'59	'08	'35	3'14	27'06	36'49	36'42
Bombay Presidency ... ..	'17	'12	10'00	14'66	3'18	3'21	'40	7'30	39'04	37'12	70'07
Burma { Lower ... ..	'33	'28	...	8'86	1'30	'32	'25	9'82	21'16	21'74	27'51
{ Upper ... ..	'02	'12	...	6'37	'23	'24	'45	9'86	17'30	33'27*	21'80
Ajmer-Merwara ... ..	'07	'01	...	26'81	'99	'19	'46	4'33	32'86	33'13	119'97

\* Statistics of 13 towns.

STATEMENT VIII.—Ratio of deaths from all causes according to months.

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Bengal ...	2'63	2'30	2'82	3'14	2'55	2'42	2'33	2'28	2'91	2'71	3'20	4'08	33'1
Assam ...	2'34	2'01	2'10	2'38	2'59	2'18	2'14	2'05	2'42	2'99	2'91	2'90	29'1
United Provinces of Agra and Oudh.	2'52	2'15	2'42	2'73	2'96	2'67	2'14	2'45	3'07	3'16	3'19	3'07	32'1
Punjab ...	4'17	4'13	5'64	5'52	4'20	2'47	2'07	2'39	2'56	3'42	3'68	3'84	44'1
North-West Frontier Province	2'08	2'18	2'21	1'86	1'96	1'74	1'66	1'91	1'67	2'01	2'58	2'51	24'1
Central Provinces.	1'94	1'82	1'91	1'94	2'07	1'96	1'55	1'98	2'41	2'68	2'95	2'61	25'1
Berar ...	2'3	2'1	2'4	2'5	2'3	1'4	1'7	2'8	3'9	4'1	3'9	3'4	32'1
Madras Presidency	2'2	1'7	1'5	1'3	1'4	1'4	1'6	1'6	1'8	1'8	1'9	2'0	20'1
Coorg ...	2'04	2'03	2'33	2'09	2'39	2'99	2'81	2'54	2'35	1'92	1'69	1'88	27'1
Bombay Presidency	3'50	3'42	3'61	2'65	2'05	1'87	2'32	2'88	3'66	4'11	4'37	4'60	39'1
Burma { Lower	1'80	1'48	1'42	1'51	1'46	1'75	2'14	2'14	1'89	1'87	1'89	1'83	21'1
Upper	1'67	1'17	1'34	1'47	1'44	1'42	1'55	1'57	1'33	1'42	1'45	1'48	17'1
Ajmer-Merwara	3'39	3'20	4'41	4'04	3'02	1'83	1'76	1'82	1'99	2'37	2'49	2'56	32'1

YEAR.	Bengal.*	Assam.	United Provinces of Agra and Oudh.	Punjab.	(a) N.-W. Frontier Province.	Central Provinces.	Berar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma.†	Ajmer-Merwara.	Rajputana.	Central India.	Hyderabad (Cantonment stations).	Mysore.
1877 . . . . .	155,395	11,377	31,770	29	...	3,418	842	357,430	‡	57,228	7,276	...	11	60	926	7,414	2,902
1878 . . . . .	95,192	6,732	22,221	215	...	40,935	34,306	47,167	49	46,743	6,759	...	210	2,393	8,047	6,696	723
1879 . . . . .	130,363	17,415	35,892	26,135	...	27,575	223	13,296	...	6,937	1,828	...	120	918	2,734	6	14
1880 . . . . .	39,643	2,083	71,546	274	...	330	1	613	...	684	2,638	...	3	...	293	...	25
1881 . . . . .	79,180	5,010	25,865	5,207	...	9,140	3,404	9,446	3	16,694	5,239	...	16	197	581	1,721	25
1882 . . . . .	182,352	21,055	89,372	39	...	11,932	3,573	23,604	31	7,904	7,177	...	289	1,327	1,562	150	893
1883 . . . . .	90,439	14,908	18,160	19	...	16,235	27,897	36,284	...	37,954	2,185	...	87	797	1,740	1,947	124
1884 . . . . .	134,421	22,276	30,143	614	...	149	87	75,476	...	13,804	5,515	...	227	1,297	1,018	2,479	330
1885 . . . . .	173,767	7,753	63,457	1,936	...	21,868	3,683	58,109	...	37,287	7,685	...	100	1,615	4,624	1,387	2,677
1886 . . . . .	118,368	20,188	34,565	12	...	16,679	976	12,417	...	167	4,027	...	765	173	290	492	10
1887 . . . . .	172,578	7,941	200,628	8,804	...	12,576	14,396	28,359	3	25,711	2,649	...	384	2,612	8,868	2,831	832
1888 . . . . .	111,391	9,693	18,704	14,938	...	921	305	53,677	2	36,500	15,982	...	13	32	151	2,057	1,015
1889 . . . . .	171,103	18,288	48,494	2,838	...	52,588	10,925	76,020	9	32,431	3,240	...	55	6,923	3,344	1,128	1,590
1890 . . . . .	145,885	15,396	80,295	3,401	...	4,787	847	35,288	5	3,259	1,076	...	408	2,746	3,132	...	1,326
1891 . . . . .	229,575	23,882	169,013	10,107	...	21,312	7,958	98,773	7	17,850	2,400	...	532	2,946	13,474	3,102	1,204
1892 . . . . .	259,398	21,552	194,886	75,959	...	39,972	2,030	79,033	58	42,900	6,208	...	2,352	26,760	8,384	53	5,497
1893 . . . . .	126,976	21,849	12,154	639	...	557	1,188	32,209	9	18,853	2,393	...	3	314	127	165	680
1894 . . . . .	236,150	13,497	178,079	113	...	7,043	3,452	42,289	8	33,588	7,428	...	...	2	5,210	1,862	328
1895 . . . . .	177,087	18,962	51,562	549	...	15,506	11,919	21,172	...	8,890	5,150	...	289	1,049	6,043	467	2,334
1896 . . . . .	226,824	17,042	69,117	5,146	...	52,985	12,264	47,847	49	35,424	2,959	...	12	3,797	15,766	525	2,103
1897 . . . . .	196,247	33,240	44,208	622	...	57,131	10,122	143,445	106	57,109	8,538	...	19	1,456	13,202	1,039	4,248
1898 . . . . .	65,020	11,149	2,508	133	...	7	...	65,444	8	4,358	2,972	...	1	6	2	6	1,193
1899 . . . . .	107,678	8,380	8,142	1,816	...	176	541	29,082	...	8,579	4,942	2,050	1	498	...	...	123
1900 . . . . .	345,878	23,761	84,960	28,250	...	63,114	18,375	60,662	...	163,889	3,440	41	4,842	28,719	20,450	3,813	779
1901 . . . . .	110,753	7,468	53,995	180	117	49	17	81,370	58	13,600	3,552	‡	50	6	72	1	11,351
1902 . . . . .	150,971	12,658	25,160	371	...	28	16	29,769	...	3,230	1,844	57	32	1,519	12	...	218

\* Excluding Calcutta from 1877 to 1892.  
† Statistics from 1877 to 1898 not available.  
‡ Excluding Zamindaris.  
§ Including 30 deaths in cantonments.  
(a) Separated from the Punjab in 1901.



STATEMENT II.—Deaths from Cholera in British Provinces, by months during the year 1902.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPU- LATION.	
														1902.	1901.
Bengal . . . . .	10,852	8,260	13,560	24,039	16,008	12,079	9,446	10,087	8,604	7,727	10,178	20,131	153,971	2'02	1'1
Assam . . . . .	710	446	480	1,401	946	395	308	468	1,336	2,434	1,826	1,908	12,658	2'40	1'4
United Provinces of Agra and Oudh . . . . .	336	134	308	2,905	6,475	5,108	1,978	2,824	2,978	1,268	585	261	25,160	'53	1'1
Punjab . . . . .	...	3	...	...	28	50	24	78	147	3	...	38	371	'02	'0
North-West Frontier Province . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	'0
Central Provinces . . . . .	...	...	...	...	2	...	13	13	...	...	...	...	28	'003	'0
Berar . . . . .	...	...	...	...	16	...	...	...	...	...	...	...	16	'006	'00
Madras Presidency . . . . .	8,288	3,644	1,660	1,333	1,063	2,021	2,584	1,692	2,339	1,576	1,410	2,159	29,769	'8	2'
Coorg . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	'1
Bombay Presidency . . . . .	31	28	20	22	141	791	1,676	379	121	13	2	6	3,230	'17	'7
Burma {	163	212	250	274	185	202	170	71	24	25	78	190	1,844	'33	'6
	...	...	2	3	20	10	10	10	1	1	...	...	57	...	...
Ajmer-Merwara . . . . .	...	...	6	8	1	1	1	13	2	...	...	...	32	'07	'1
TOTAL . . . . .	20,380	12,727	16,286	29,985	24,885	20,657	16,210	15,635	15,552	13,047	14,079	24,693	224,136	* 1'01	1'2

\* Excluding Upper Burma.

STATEMENT III.—Details of the distribution and occurrence of cholera during the year 1902.

Province.	Mortality in 1902.	Mean mortality of previous 5 years.	Urban mortality.	Rural mortality.	Percentage of villages attacked.	Maximum mortality in any one district excluding towns.	Maximum mortality in any one town.	Month of maximum prevalence.
Bengal . . . . .	2'02	2'21	3'28	1'96	11'21	5'20	27'46	April.
Assam . . . . .	2'40	3'18	2'51	2'40	10'71	3'95	8'87	October.
United Provinces of Agra and Oudh . . . . .	'53	'82	'42	'53	3'02	1'87	14'80	May.
Punjab . . . . .	'02	'27	'02	'02	'12	'20	1'19	September.
North-West Frontier Province . . . . .	...	'34	...	...	...	...	...	...
Central Provinces . . . . .	...	...	'02	...	'009	'01	'90	{ July. August.
Berar . . . . .	'006	2'1	...	'007	'01	'04	...	May.
Madras Presidency . . . . .	'8	2'3	1'2	'8	11'10	3'3	12'8	January.
Coorg . . . . .	...	'19	...	...	...	...	...	...
Bombay Presidency . . . . .	'17	2'64	'25	'16	1'48	4'93	3'14	July.
Burma {	'33	1'01	'87	'26	3'17	'75	6'05	April.
	...	...	'03	...	...	...	'96	...
Ajmer-Merwara . . . . .	'07	2'06	'05	'08	1'49	'71	'23	August.

TABLE I.—Small-pox mortality.

PROVINCES, DISTRICTS, TOWNS, CHILDREN.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces (a).	Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
Mortality by Provinces:—														
Deaths by months:—														
January ...	4,306	675	113	796	61	326	23	107	15	2,758	276	...	...	9,456
February ...	6,273	807	105	972	100	349	41	110	30	3,461	384	...	2	12,634
March ...	10,498	1,210	258	1,235	88	446	64	321	36	3,714	443	1	4	18,348
April ...	11,026	1,130	599	1,544	76	523	71	320	77	2,257	329	1	3	17,956
May ...	8,328	1,083	923	1,902	108	629	63	236	89	1,921	222	1	2	15,512
June ...	6,163	571	874	1,593	112	531	29	177	35	1,474	141	...	3	11,703
July ...	3,705	337	566	1,010	94	371	20	68	15	1,777	128	...	2	8,094
August ...	1,876	255	430	609	60	277	8	38	6	1,580	60	...	1	5,200
September ...	1,395	175	244	335	53	214	5	46	4	1,396	44	...	2	3,913
October ...	686	95	120	272	48	153	2	58	10	1,458	32	...	...	2,914
November ...	992	103	194	441	113	224	...	41	16	1,531	33	...	...	3,688
December ...	2,181	227	520	920	168	191	1	43	17	1,640	97	...	...	6,005
Total ...	57,430	6,673	4,976	11,629	1,081	4,234	327	1,565	350	24,967	2,189	3	19	1,15,443
Annual Death-ratio:—														
Ratio per 1,000 of population, 1902.	'77	1'26	'10	'58	'54	'47	'12	'28	*	'69	'12	'01	'11	'52
Ratio per 1,000 of population, 1901.	'50	'62	'02	'31	'47	'66	'07	'44	*	'72	'29	'01	2'48	'40
Difference ...	+ '27	+ '64	+ '08	+ '27	+ '07	— '19	+ '05	— '16	...	— '03	— '17	...	— 2'37	+ '12
Mean ratio per 1,000 during 1897-1901.	'28	'62	'40	'36	'73	'41	'18	'79	*	'70	'24	1'74	'97	'43
Difference ...	+ '49	+ '64	— '30	+ '22	— '24	+ '06	— '06	— '31	*	— '01	— '12	— 1'73	— '86	+ '09
District mortality ex- cluding towns:—														
Number of districts...	45	8	48	27	5	20	6	17	12	21	24	17	5	255
Highest district ratio	6'54	2'78	'51	2'11	'74	1'94	'35	'76	*	1'75	1'27	'04	'23	6'54
Name of that district	Midna- pore.	Cachar	Sultanpur	Shahpur	Kohat	Damoh	Buldana	Mergui	*	Malabar	Kanara	Jawaja	Mercara Taluka.	Midna- pore.
Lowest district ratio ..	'008	'02	'01	'01	'16	'01	'02	'01	*	'07	'01	'04	'03	'008
Name of that district	Nadia	Sibsagar	Almora	Rohtak	Hazara	Nimar	Wun	Tharra- waddy.	*	Vizagapa- tam.	Thana	Beawar	Kiggaatnad Taluka.	Nadia
Number of districts without mortality.	None	None	2	None	None	None	1	1	*	None	5	15	1	25
District death rate per 1,000, of population.	'79	1'28	'10	'54	'50	'50	'11	'25	*	'69	'10	'01	'08	'53
Town mortality:—														
Number of towns ...	158	19	107	140	10	55	43	35	13	147	63	6	3	801
Highest town ratio ...	5'94	4'04	1'30	11'83	2'05	8'09	2'59	3'52	'20	9'92	2'56	'03	'93	11'83
Name of that town ...	Jhalda	Karim- ganj.	Mau	Pindigheb	Kohat	Dhamtari	Malkapur	Yandoon	Manda- lay.	Canna- nore.	Karwar	Ajmer	Virajen- drapet.	Pindigheb
Lowest town ratio ...	'02	'09	'01	'03	'19	'01	'07	'05	'05	'02	'04	...	'30	'01
Name of that town ...	Monghyr	Gauhati	Agra	Delhi	Lakki	Nagpur	Basim	Moulmein	Pokokku	Coconada	Pona Cantt.	...	Mercara	Nagpur.
Number of towns with- out mortality.	64	7	62	39	2	35	34	22	11	49	40	5	3	373
Town death rate per 1,000, of population.	'37	'44	'11	'90	1'05	'27	'20	'53	'12	'65	'25	'01	'39	'43
Infantile mortality:—														
Children under 1 year	10,433	1,534	1,884	3,045	264	1,687	91	221	17	7,889	560	1	...	27,626
Children, 1—10 years	22,349	2,990	2,595	5,823	696	1,306	116	518	146	6,410	861	2	...	43,812
Percentage of children in total small-pox mortality.	57'08	67'79	90'01	76'26	88'81	70'69	63'30	47'22	46'57	57'29	64'92	100'00	'00	61'88

(a) Excluding Chhatisgarh Zamindaris.

\* Not available.



TABLE II.—Fever Mortality.

PROVINCES, DISTRICTS, TOWNS.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces (a)	Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provin-														
ces—														
A.—Deaths by months—														
January ...	134,495	6,212	94,747	51,124	3,257	9,404	2,868	4,521	1,922	27,550	25,506	1,290	315	354,1
February ...	114,215	5,404	78,431	42,960	3,325	8,403	2,860	3,470	1,254	21,582	24,499	1,287	321	308,0
March ...	136,715	5,590	86,375	43,581	3,450	9,368	3,112	3,385	1,604	19,751	26,335	1,800	363	341,4
April ...	149,076	6,173	98,752	38,496	2,836	10,045	3,252	3,395	1,742	18,623	21,526	1,626	315	355,8
May ...	126,715	7,294	108,282	39,832	3,053	10,440	2,859	3,275	1,591	20,628	17,010	1,202	362	342,5
June ...	123,003	6,672	97,325	30,036	2,632	9,577	1,795	3,827	1,420	20,072	15,109	657	448	312,5
July ...	121,403	6,566	76,071	25,673	2,339	7,093	1,738	4,761	1,499	21,281	16,828	624	422	286,3
August ...	117,150	5,827	82,760	30,002	2,862	9,215	3,134	4,938	1,479	23,039	18,292	710	391	299,7
September ...	155,351	6,468	106,214	31,928	2,512	12,089	4,331	4,155	1,268	25,088	20,072	781	352	370,6
October ...	149,392	7,222	113,232	45,105	3,132	14,656	4,462	4,051	1,386	26,982	23,490	917	291	394,3
November ...	177,740	7,161	117,002	47,887	4,124	16,100	5,895	4,611	1,654	26,075	32,012	952	253	439,4
December ...	216,661	7,090	109,911	46,728	4,051	13,097	3,108	4,773	1,574	27,008	29,166	942	283	464,5
Total ...	1,721,921	77,679(b)	1,169,102	473,352	37,663	129,487	37,354	49,162	18,393	277,689	270,845	12,788	4,116	4,279,5
B.—Annual Death-														
Ratios—														
Ratio per 1,000 of popu-	23'13	14'72	24'51	23'54	18'92	14'51	13'73	8'86	*	7'65	14'66	26'81	22'79	19'1
lation, 1902.														
Ratio per 1,000 of popu-	21'72	15'86	23'46	25'26	14'23	14'66	13'93	8'65	*	7'90	15'80	27'45	28'69	18'7
lation, 1901.														
Difference ...	+ 1'41	— 1'14	+ 1'05	— 1'72	+ 4'69	— '15	— '20	+ '21	*	— '25	— 1'14	— '64	— 5'90	+ '4
Mean ratio per 1,000	21'57	18'92	25'49	22'57	16'73	24'61	19'90	10'93	*	8'10	17'98	37'58	28'66	20'7
during 1897-1901.														
Difference ...	+ 1'56	— 4'20	— '98	+ '97	+ 2'19	— 10'10	— 6'17	— 2'07	*	— '45	— 3'32	— 10'77	— 5'87	— 1'2
II.—District mortality ex-														
cluding towns—														
Number of districts ...	45	8	48	27	5	20	6	17	12	21	24	17	5	25
Highest district ratio ...	41'55	27'85	40'17	34'29	28'27	23'20	19'23	16'15	*	22'48	39'50	36'99	27'75	41'5
Name of that district ...	Nadia	Goalpara	Meerut	Karnal	Kohat	Nimar	Wun	Akyab	*	Nilgiris	Ahmeda- bad.	Srinagar	Nanja- rajapatna.	Nadia
Lowest district ratio ...	8'47	9'83	12'33	5'08	14'43	6'76	10'21	5'24	*	2'32	6'68	16'57	17'12	2'3
Name of that district ...	Puri	Lakhim- pur.	Partab- garh.	Simla	Hazara	Sambal- pur.	Buldana	Amherst	*	Ananta- pur.	Beigau	Sawar	Yedenal- kazad.	Ananta- pur.
District death rate per	23'54	14'75	24'11	23'71	19'23	14'48	13'62	8'99	*	7'81	14'87	28'84	23'24	19'4
1,000 of population.														
III.—Town mortality—														
Number of towns ...	158	19	107	140	10	55	43	35	13	147	63	6	5	801
Highest town ratio ...	43'18	28'04	61'23	51'00	21'25	28'92	25'80	21'86	13'84	23'06	63'07	40'99	34'87	63'07
Name of that town ...	Meherpur	North Lakhim- pur.	Mang- laur.	Hissar.	Dera Ismail Khan.	Khandwa	Sendur- jana.	Myaung- mya.	Kyaukse	Badvel	Umarkot	Pisangan	Kodlipet	Umarko
Lowest town ratio ...	4'42	5'94	7'18	3'48	10'95	5'34	1'34	2'71	2'24	'09	1'73	14'00	10'00	'09
Name of that town ...	Ranchi	Silchar	Bansdih	Montgo- mery.	Kulachi	Mandla	Karas- gaon.	Zalam	Pagan	Dharma- varam.	Satara	Ajmer	Fraserpet	Dharma- varam.
Town death rate per	15'34	13'45	29'73	22'00	15'49	14'75	14'32	7'94	8'00	6'22	13'23	21'38	17'90	16'28
1,000 of population.														

(a) Excluding Chhatisgarh Zamindaris. (b) Includes 6,333 deaths from Kala Azar. \* Not available.

TABLE III.—Dysentery and Diarrhœa Mortality.

PROVINCES, DISTRICTS, AND TOWNS.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces (a).	Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
—Mortality by Provinces:—														
—Deaths by months—														
January ...	4,814	702	1,892	1,075	28	634	718	635	26	4,167	4,045	40	5	18,781
February ...	4,261	625	1,397	644	22	584	603	483	36	2,819	3,497	19	6	14,996
March ...	4,757	673	1,817	807	28	540	690	477	39	2,320	4,038	56	9	16,251
April ...	5,251	770	2,559	1,026	43	589	744	389	62	2,288	4,350	69	11	18,151
May ...	4,256	1,018	2,875	1,185	37	572	698	513	54	2,425	3,990	50	13	17,686
June ...	4,062	967	2,642	976	31	551	446	763	77	2,336	3,867	33	11	16,762
July ...	4,114	965	2,084	1,054	68	644	600	1,055	118	2,842	5,220	39	17	18,820
August ...	4,154	1,057	2,418	1,450	96	1,132	1,216	904	92	3,353	6,501	24	10	22,407
September ...	5,340	1,023	2,730	1,564	75	1,439	1,669	658	54	3,386	6,449	30	11	24,428
October ...	4,527	1,163	2,666	1,601	80	1,202	1,703	399	41	3,438	5,810	36	2	22,668
November ...	4,985	1,176	2,478	1,404	67	1,067	1,299	409	28	3,518	5,535	37	4	22,007
December ...	6,474	1,074	2,357	1,338	72	726	1,022	528	34	3,741	5,380	40	7	22,793
Total ...	56,995	11,213	27,915	14,124	647	9,680	11,408	7,213	661	36,633	58,682	473	106	235,750
3.—Annual Death-Ratios:—														
Ratio per 1,000 of population, 1902.	'76	2'13	'58	'70	'33	1'09	4'19	1'30	*	1'01	3'18	'99	'59	1'06
Ratio per 1,000 of population, 1901.	'80	2'19	'57	'73	'19	1'20	4'36	1'47	*	1'13	3'26	1'40	1'20	1'1
Difference ...	—'04	—'06	+ '01	—'03	+ '14	—'11	—'17	—'17	*	—'12	—'08	—'41	—'61	—'05
Mean ratio per 1,000 during 1897-1901.	'68	3'00	'71	'83	'25	3'68	10'00	1'77	*	1'10	5'29	4'80	1'39	1'52
Difference ...	+ '08	—'87	—'13	—'13	+ '08	—2'59	—5'81	—'47	*	—'09	—2'11	—3'81	—80	—'46
I.—District mortality ex- cluding towns.														
Number of Districts	45	8	48	27	5	20	6	17	12	21	24	17	5	255
Highest district ratio	4'72	4'52	8'13	2'05	'79	2'46	6'52	2'86	*	2'69	8'23	'72	'64	8'23
Name of that district	Puri	Lakhimpur.	Garhwal	Simla	Dera Is- mail Khan	Wardha	Akola	Myaung- mya	*	Chingle- put	Khandesh	Goella	Kiggat- nad	Khandesh
Lowest district ratio	'03	'16	'01	'11	'07	'09	1'31	'31	*	'22	'03	'03	'14	'01
Name of that district	Shahabad	Goalpara	Bahraich	Mooltan	Peshawar	Bhandara	Wun	Toungoo	*	Vizaga- patam.	Larkhana	Masuda	Mercara	Bahraich
Number of districts without mortality.	None	None	None	None	None	None	None	None	*	None	None	2	None	2
District death rate per 1,000 of popula- tion.	'63	2'09	'49	'54	'24	'99	4'14	1'16	*	'75	2'97	'20	'31	'90
II.—Town Mortality:—														
Number of towns ...	158	19	107	140	10	55	43	35	13	147	63	6	5	801
Highest town ratio ...	12'48	10'01	11'13	6'28	3'95	4'82	17'21	5'31	1'91	12'11	12'34	7'40	10'97	17'21
Name of that town ...	Kamar- hati.	North La- khimpur	Hathras	Khanpur	Kulachi	Sambal- pur	Amraoti	Zigon	Monywa	Palam- cottah.	Poona	Ajmer suburb	Virajen- drapet	Amraoti
Lowest town ratio ...	'06	'28	'07	'13	'27	'14	'19	'08	'14	'09	'21	'09	'59	'06
Name of that town ...	Asansol	Sunam- ganj	Aonla	Jandiala	Abbotta- bad.	Katol	Darwha	Mergui	Mandalay	Dharma- veram.	Larkhana	Beawar	Mercara town	Asansol.
Number of towns with- out mortality.	5	1	14	None	None	1	None	1	2	21	1	1	2	49
Town death rate per 1,000 of population.	3'16	3'84	1'82	2'16	1'23	2'01	4'50	2'32	'31	3'33	4'52	3'10	3'54	2'90

(a) Excluding Chhatisgarh Zamindaris.

\* Not available.



TABLE IV.—Plague Deaths.

Province or State.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
													1902.	1901.
Bengal ... ..	2,950	4,542	7,962	6,067	2,037	393	115	85	140	578	1,792	6,306	32,967	78,629
Assam ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
United Provinces of Agra and Oudh.	3,847	6,548	9,254	4,717	1,138	170	28	606	2,238	3,927	4,299	6,715	43,487*	9,778
Punjab ... ..	12,009	23,155	51,945	48,840	20,694	3,036	334	195	420	1,846	4,207	8,964	175,645*	16,720
North-West Frontier Province.	...	...	1	2	1	...	...	...	...	...	...	...	4	...
Punjab Native States, (Kapurthalla, Patiala, Nabha, Kalsia, Maerkotia, Bawalpur, Jhinda, Nalagarh and Bughat).	1,430	6,455	16,490	13,743	6,335	411	34	66	42	199	550	1,135	46,890	2,157
Jammu and Kashmir State	1,328	1,901	1,108	995	344	7	...	...	...	...	...	7	5,690	1,852
Central Provinces ...	4	22	27	4	...	...	...	1	11	12	25	353	459*	9
Berar ... ..	...	24	130	230	12	...	...	85	494	822	1,118	1,273	4,188	...
Burma ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Madras Presidency ...	2,417	1,947	1,007	198	53	94	231	574	1,056	1,006	1,186	1,593	11,362*	3,035
Do. Native States.	No returns received.													
Bombay ... ..	16,753	17,924	18,089	8,020	2,416	1,539	4,018	11,855	23,625	27,026	23,000	30,507	184,752	128,259
Bombay Presidency (Native States).	3,777	2,896	3,036	3,552	1,090	306	703	2,353	4,758	6,631	4,219	5,269	38,590	29,821
Baluchistan ... ..	...	1	1	...	10	7	11	...	...	...	...	...	30	...
Ajmer-Merwara ...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Rajputana, Marwar State, Jaipur State, Sirohi State, Mewar, Alwar, Bikaner.	2	13	96	24	6	1	...	...	...	2	5	...	149	185
Central India ... ..	...	...	...	...	...	...	...	...	1	66	26	315	408	...
Coorg ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mysore ... ..	2,541	2,075	1,106	526	416	576	1,156	2,503	3,725	4,268	3,817	3,592	26,301	11,936
Bangalore Civil and Military Station.	473	297	202	77	30	57	85	166	378	827	857	561	4,080	1,255
Hyderabad State ...	418	563	275	138	...	...	...	286	602	1,305	2,430	2,917	8,934	149
Total ... ..	47,949	68,344	110,729	87,133	34,582	6,597	6,715	18,775	37,490	48,585	47,531	69,507	583,937	283,788
Calcutta city ... ..	225	721	2,206	12,531	984	258	75	65	48	34	43	66	7,278	7,883
Bombay „ ... ..	1,297	2,528	3,596	2,788	1,176	269	129	152	230	536	515	570	13,786	18,694
Madras „ ... ..	...	1	1	...	...	...	...	3	1	1	2	1	10	3

\* These figures do not agree with those given by Provincial Sanitary Commissioners in their annual reports. In the case of the Punjab the figures here used have been supplied by the Chief Plague Medical Officer of the Punjab. In the case of the United Provinces they are those supplied by District Magistrates who obtain their figures mostly from special Plague Medical Officers. In the cases of the Central Provinces and Madras they are those supplied to the Local Governments.

STATEMENT NO. I.—Total Primary and Re-vaccinations, successful cases among the children, cost of the Special Vaccination Department, etc., during the official year 1902-03.

PROVINCE.	NUMBER OF PERSONS VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		PERCENTAGE OF SUCCESSFUL CASES TO TOTAL OPERATIONS.		NUMBER OF CHILDREN SUCCESSFULLY VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		Average number of operations performed by each vaccinator of the Special Staff.	Total cost of the Special Department.	Average cost of each successful case vaccinated by the Special Department.
	Primary.	Re-vaccinations.	Primary.	Re-vaccinations.	Under one year.	1 to 6 years.			
								Rs.	R a. p.
Bengal . . . . .	2,592,177	189,795	98'11	68'07	894,791	1,462,913	1,001	1,99,448	0 1 2
Assam . . . . .	291,332	12,789	97'90	77'81	69,787	189,423	999	24,955	0 1 7
United Provinces of Agra and Oudh . . . . .	1,562,070	103,183	97'90	88'41	942,065	486,086	1,840	1,36,196	0 1 4
Punjab . . . . .	582,626	84,918	95'36	61'04	461,050	87,915	1,714	93,700	0 2 6
North-West Frontier Province . . . . .	82,352	7,941	93'54	69'84	43,951	23,744	3,365	11,644	0 2 3
Central Provinces . . . . .	398,065	65,986	97'13	85'14	301,934	71,737	1,598	47,434	0 1 9½
Berar . . . . .	117,559	23,505	96'8	16'5	101,099	11,339	3,527	18,037	0 2 5
Madras Presidency . . . . .	1,250,762	81,447	89'08	68'91	382,079	577,222	1,552	2,58,750	0 3 7
Coorg . . . . .	9,594	1,813	94'78	80'42	983	5,448	1,229	2,768	0 4 3
Bombay Presidency . . . . .	537,744	41,141	92'92	55'72	419,373	73,185	1,354	2,84,488	0 8 9
Burma . . . . .	354,629	27,144	86'93	48'15	79,582	169,959	1,739	85,829	0 4 5
Ajmer Merwara . . . . .	12,948	44	99'18	86'36	10,950	1,427	866	2,507	0 3 1
<b>TOTAL</b>	<b>7,791,858</b>	<b>639,706</b>	<b>95'10</b>	<b>68'20</b>	<b>3,707,644</b>	<b>3,160,398</b>	<b>1,460</b>	<b>1,165,756</b>	<b>0 2 5</b>

STATEMENT NO. II.—Vaccination operations performed by the Special and Dispensary Establishments separately, deaths from Small-pox, etc., during the official year 1902-03.

PROVINCE.	Population.	NUMBER OF PERSONS VACCINATED (PRIMARY AND RE-VACCINATIONS COMBINED).			Ratio of successful vaccinations per 1,000 of population.	Percentage of annual estimated births at 40 per 1,000 of population successfully vaccinated.	DEATHS FROM SMALL-POX.*	
		By Special Department.	By Dispensary Staff	Total.			Number.	Ratio per 1,000 of population.
Bengal . . . . .	74,764,424	2,649,141	132,831	2,781,972	37'21	29'92	57,430	'77
Assam . . . . .	6,126,343	281,524	22,597	304,121	48'18	28'48	6,673	1'26
United Provinces of Agra and Oudh . . . . .	47,960,667	1,664,783	470	1,665,253	33'17	49'11	4,976	'10
Punjab . . . . .	20,295,036	667,338	206	667,544	29'93	56'79	11,629	'58
North-West Frontier Province . . . . .	2,072,326	84,126	6,167	90,293	39'85	53'02	1,031	'54
Central Provinces . . . . .	11,873,029	446,523	17,528	464,051	37'30	63'58	4,394	'45
Berar . . . . .	2,754,016	141,064	...	141,064	42'7	91'76	327	'1
Madras Presidency . . . . .	38,227,818	1,317,365	14,844	1,332,209	30'61	24'99	24,967	'7
Coorg . . . . .	180,607	11,062	345	11,407	58'42	13'61	19	'11
Bombay Presidency . . . . .	21,539,199	576,403	2,482	578,885	24'26	48'68	2,189	'12
Burma . . . . .	10,477,508	370,510	11,263	381,773	30'67	18'99	1,915	'22
Ajmer-Merwara . . . . .	476,912	12,992	...	12,992	27'01	57'40	3	'01
<b>TOTAL</b>	<b>236,747,885</b>	<b>8,222,831</b>	<b>208,733</b>	<b>8,431,564</b>	<b>33'14</b>	<b>39'15</b>	<b>115,603</b>	<b>0'51</b>

\* For the Calendar year.



STATEMENT NO. III.—The number of persons primarily vaccinated and the number of those who were successfully vaccinated in His Majesty's  
European and Native Army in India, during 1902.

	EUROPEAN ARMY.										NATIVE ARMY.																	
	Officers.		Officers' wives.		Officers' children.		Warrant and Non-commissioned Officers and men.		Women.		Children.		Total.		European Officers.		European Officers' Wives.		European Officers' Children.		Native Commissioned, Non-Commissioned Officers and Men.		Women.		Children.		Total.	
	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.
Bengal . . . . .	..	..	7	7	..	..	..	..	..	..	264	183	271	190	3	4	..	..	5	5	2,311	1,551	82	69	1,001	886	3,402	2,513
Punjab . . . . .	..	..	6	4	16	1	..	..	..	..	255	168	277	173	3	2	..	..	7	4	3,502	2,460	106	103	1,813	1,563	5,431	4,132
Madras . . . . .	..	..	3	3	1	1	1	1	1	1	149	111	154	116	..	..	..	..	5	4	1,473	763	94	90	1,403	1,185	2,975	2,042
Bombay . . . . .	..	..	5	4	..	..	..	..	..	..	182	80	187	48	..	..	..	..	..	..	853	458	17	14	847	774	1,717	1,246
Hyderabad Contingent . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	321	166	5	3	689	584	1,015	753
INDIA . . . . .	..	..	21	18	17	2	1	1	1	1	850	542	889	563	6	4	..	..	17	13	8,460	5,398	304	279	5,753	4,992	14,540	10,686

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA

OF THE

NATIVE ARMY AND OF THE JAIL  
POPULATION

FOR THE YEAR

1902.

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COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

BY

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# CONTENTS.

Grouping of diseases in the main tables for 1902 . . . . .	TABLE. G	PAGE. 5
--	----------	---------

## I.—EUROPEAN TROOPS, 1902.

### A.—MEN.

Stations by commands . . . . .	D	8
Ratios of commands . . . . .	I	9
Ratios of geographical groups . . . . .	II	10
Ratios of stations, groups, and commands . . . . .	III	11—15
Actuals of stations, groups, and commands . . . . .	IV	16—22
Abstract of the Cantonment Sanitary Reports of the most unhealthy stations . . . . .	V	23
Influenza by months, stations, groups, and commands . . . . .	VI	24—25
Cholera by months, stations, groups, and commands . . . . .	VII	24—25
Enteric fever by months, stations, groups, and commands . . . . .	VIII	26—28
Simple continued fever by months, stations, groups, and commands . . . . .	IX	26—28
Intermittent fever by months, stations, groups, and commands . . . . .	X	29—31
Remittent fever by months, stations, groups, and commands . . . . .	XI	29—31
Pneumonia by months, stations, groups, and commands . . . . .	XII	32—33
Dysentery by months, stations, groups, and commands . . . . .	XIII	32—33
Statistics of regiments . . . . .	XIV*	
(a) Strength, admissions from all causes, admissions from enteric fever, of the Army of India in relation to age and to length of residence in India . . . . .	XV	34
(b) Change of personnel, youthfulness, recent arrival, and marriage, in relation to venereal disease and enteric fever . . . . .		
Relation of mortality to age and length of residence in India . . . . .	XVI	35
Relation of invaliding to age and length of residence in India . . . . .	XVII	36
Statistics of officers . . . . .	XVIII	37—40

### B.—WOMEN.

Ratios and actuals of commands . . . . .	XIX	42
Cholera by months, stations, groups, and commands . . . . .	XX†	
Enteric fever by months, stations, groups, and commands . . . . .	XXI	43

### C.—CHILDREN.

Ratios and actuals of commands . . . . .	XXII	46
Cholera by months, stations, groups, and commands . . . . .	XXIII†	
Enteric fever by months, stations, groups, and commands . . . . .	XXIV	47
Deaths by ages and causes . . . . .	XXV	48

## II.—NATIVE TROOPS, 1902.

Stations by commands . . . . .	H	50
Ratios of commands . . . . .	XXVI	51
Ratios of geographical groups . . . . .	XXVII	52
Ratios of stations, groups, and commands . . . . .	XXVIII	53—61
Actuals of stations, groups, and commands . . . . .	XXIX	62—71
Abstract of the Cantonment Sanitary Reports of the most unhealthy stations . . . . .	XXX	72—73
Influenza by months, stations, groups, and commands . . . . .	XXXI	74—75
Cholera by months, stations, groups, and commands . . . . .	XXXII	74—75
Enteric fever by months, stations, groups, and commands . . . . .	XXXIII	76—77
Simple continued fever by months, stations, groups, and commands . . . . .	XXXIV	76—77
Intermittent fever by months, stations, groups, and commands . . . . .	XXXV	78—81
Remittent fever by months, stations, groups, and commands . . . . .	XXXVI	78—81
Pneumonia by months, stations, groups, and commands . . . . .	XXXVII	82—85
Dysentery by months, stations, groups, and commands . . . . .	XXXVIII	82—85
Statistics of regiments . . . . .	XXXIX•	

\* Omitted for the present by order of Government.  
† Omitted because there were no cases in 1902.



CONTENTS.

III.—PRISONERS, 1902.

(European, Eurasian, native ; male, female ; adult, juvenile.)

	TABLE.	PAGE.
Jails by administrations . . . . .	K	88
Ratios of administrations . . . . .	XL	89
Ratios of geographical groups . . . . .	XLI	90
Ratios of jails, groups, and administrations . . . . .	XLII	91—99
Actuals of jails, groups, and administrations . . . . .	XLIII	100—109
Abstract of the Sanitary Sheets of the most unhealthy jails . . . . .	XLIV	110—112
Influenza by months, jails, groups, and administrations . . . . .	XLV	113—114
Cholera by months, jails, groups, and administrations . . . . .	XLVI	113—114
Enteric fever by months, jails, groups, and administrations . . . . .	XLVII	115—116
Simple continued fever by months, jails, groups, and administrations . . . . .	XLVIII	115—116
Intermittent fever by months, jails, groups, and administrations . . . . .	XLIX	117—120
Remittent fever by months, jails, groups, and administrations . . . . .	L	117—120
Pneumonia by months, jails, groups, and administrations . . . . .	LI	121—124
Dysentery by months, jails, groups, and administrations . . . . .	LII	121—124

IV.—TROOPS AND PRISONERS, 1902.

Detail of diseases . . . . .	LIII	125—135
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NOTE.—In the tables for European troops, Native troops, and for prisoners, the months mentioned are calendar months.

TABLE G.

*Grouping of Diseases in the Main Tables for 1902.\**

HEAD OF DISEASE.	Includes or includes also
CHOLERA . . . . .	Choleraic diarrhœa.
HEAT-STROKE . . . . .	Sunstroke and Heat-Apoplexy.
ALCOHOLISM . . . . .	Delirium tremens. Alcoholic Poisoning.
TUBERCLE OF THE LUNGS .	Tubercular Phthisis, and Hæmoptysis due to tubercle.
OTHER RESPIRATORY DIS- EASES.	Includes Hæmoptysis and Cirrhosis of the lung not due to tubercle, and excludes Pneumonia and Tubercular Phthisis.
ANÆMIA AND DEBILITY .	Old age (Tables for men and women). Immaturity at birth (Tables for children).
DIARRHŒA . . . . .	Epidemic Diarrhœa.
HEPATIC CONGESTION AND INFLAMMATION.	Congestion of liver, Hepatitis, Perihepatitis; but excludes Cirrhosis of liver.
VENEREAL DISEASES . . .	Primary syphilis, Secondary syphilis; Gonorrhœa, and Soft Chancre, which include also their sequelæ.
GUINEA-WORM AND . . .	} The entozoa numbered from 1 to 56, 67 to 81: also Nos. 105 and 106.
OTHER ENTOZOA . . . . .	
PHAGEDÆNA, SLOUGH, AND GANGRENE.	Nomenclature of 1896, Nos. 25 <i>a</i> and } These two head- b, 800, and 847. } ings appear only in jail tables.
ABSCCESS, ULCER, AND BOIL .	Nomenclature of 1896, Nos. 799, 843, } and 845. }
ABORTION AND PUERPERAL .	Nomenclature of 1896, Nos. 700 and 706 to 718, and any other diseases stated by medical officers to have been puerperal.
OTHER DISEASES PECULIAR TO WOMEN.	Nomenclature of 1896, No. 426, Vomiting of Pregnancy, Nos. 632 to 699, 701 to 705, and 719 to 730.

\* For details of individual diseases, see Table LIII.





I.—EUROPEAN TROOPS, 1902.  
A. MEN.



## TABLE D.

STATIONS by COMMANDS.

STATIONS.	Height above sea level in feet.*	Authority for height.†	STATIONS.	Height above sea level in feet.*	Authority for height.†	STATIONS.	Height above sea level in feet.*	Authority for height.†
BENGAL :—			PUNJAB :— <i>contd.</i>			MADRAS :— <i>contd.</i>		
Fort William (Calcutta) .	17	S. G.	Jullundur . . . .	900	S. G.	Secunderabad . . . .	1,732	S. G.
Fort Fulta . . . .	18	„	Ferozepore . . . .	645	„	Belgam . . . .	2,473	„
Fort Chingrikhal . . .	...	...	Amritsar . . . .	756	„	Cannanore . . . .	47	„
Dum-Dum . . . .	...	...	Meean Meer . . . .	706	„	Calicut . . . .	27	M. D.
Barrackpore . . . .	24	S. G.	Fort Lahore . . . .	706	„	Mallapuram . . . .	500	M. O.
Dinapore . . . .	...	...	Sialkot . . . .	829	„	Bellary . . . .	1,483	S. G.
Benares . . . .	256	S. G.	Rawalpindi . . . .	1,707	„	Bangalore . . . .	3,021	„
Allahabad . . . .	298	„	Campbellpur . . . .	1,200	M. O.	Trichinopoly . . . .	274	„
Fort Allahabad . . . .	298	„	Attock . . . .	891	S. G.	Pallavaram . . . .	74	„
Fyzabad . . . .	336	„	Nowshera . . . .	1,100	M. O.	St. Thomas' Mount . .	250	„
Sitapur . . . .	449	„	Peshawar . . . .	1,165	S. G.	Madras . . . .	15	„
Lucknow . . . .	400	„	Mooltan . . . .	402	„	‡ Wellington . . . .	6,160	„
Cawnpore . . . .	417	„	‡ Solon . . . .	5,166	„	Poonamallee Depôt . .	50	M. O.
Fatehgarh . . . .	444	I. B.	‡ Dagshai . . . .	5,982	„	BOMBAY :—		
Shahjahanpur . . . .	507	S. G.	‡ Subathu . . . .	4,124	„	Hyderabad . . . .	134	I. B.
Bareilly . . . .	560	„	‡ Jutogh . . . .	6,371	„	Kurrachee . . . .	28	S. G.
Roorkee . . . .	884	„	‡ Khyragully . . . .	8,746	„	Deesa . . . .	468	„
Meerut . . . .	739	„	‡ Baragully . . . .	7,800	M. O.	Ahmedabad . . . .	170	„
Delhi . . . .	715	„	‡ Kuldunnah . . . .	7,049	S. G.	Neemuch . . . .	1,613	„
Muttra . . . .	576	„	‡ Kalabagh . . . .	7,936	I. B.	Nasirabad . . . .	1,461	„
Agra . . . .	554	„	‡ Camp Gharial . . . .	5,112	S. G.	Indore . . . .	1,806	„
Jhansi . . . .	860	„	‡ „ Thobba . . . .	7,133	I. B.	Mhow . . . .	1,903	„
Nowgong . . . .	770	I. B.	‡ „ Lower Topa . . . .	7,320	I. B.	Kamptee . . . .	941	„
Saugor . . . .	1,753	S. G.	‡ Khanspur . . . .	7,500	M. O.	Sitabaldi . . . .	1,236	„
Jubbulpore . . . .	1,306	„	‡ Kakool . . . .	4,500	„	Satara . . . .	2,183	„
‡ Ranikhet . . . .	5,983	„	‡ Cherat . . . .	4,520	S. G.	Poona . . . .	1,909	„
‡ Bhim Tal . . . .	6,400	„	Kasauli Convalescent Depôt	5,971	„	Kirkee . . . .	1,837	„
‡ Chaubuttia . . . .	6,942	„	Dalhousie „ „ . .	6,732	„	Ahmednagar . . . .	2,125	„
‡ Chakrata . . . .	6,885	„	Murree „ „ . .	7,098	„	Colaba (Bombay) . . .	20	„
‡ Lebong . . . .	6,000	I. B.	MADRAS :—			Quetta . . . .	5,511	„
Darjeeling Convalescent Depôt.	7,168	S. G.	Port Blair . . . .	85	S. G.	Taragarh Sanitarium . .	2,855	„
Naini Tal „ . .	6,400	„	Rangoon . . . .	14	„	Mount Abu „ . .	3,960	„
Landour „ . .	7,362	„	Thayetmyo . . . .	145	„	Purandhur „ . .	4,564	„
Pachmarhi Sanitarium .	3,481	„	Meiktila . . . .	298	„	Khandalla „ . .	2,000	M. O.
PUNJAB :—			Fort Dufferin (Mandalay) .	249	„	Deolali Depôt . . . .	1,829	S. G.
Umballa . . . .	902	S. G.	Shwebo . . . .	600	M. O.	Aden . . . .	26	„

\* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Quarter-Master-General's Department; M. D. = Meteorological Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

‡ These are the official "Hill Stations."

EUROPEAN TROOPS, 1902.

TABLE I.

RATIOS OF COMMANDS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.				
	Bengal Command.	Punjab Command.	Madras Command.	Bombay Command.	India.*
—STRENGTH . . . . .	17,765	15,636	11,097	14,404	60,540
—† CONSTANTLY-SICK-RATE OF EACH MONTH—					
January . . . . .	71'5	67'2	90'0	70'8	73'6
February . . . . .	67'3	59'9	82'5	64'8	67'4
March . . . . .	59'3	59'0	65'2	60'3	60'5
April . . . . .	66'2	53'7	58'4	57'8	59'4
May . . . . .	72'3	59'9	60'5	62'2	64'4
June . . . . .	71'6	59'5	63'4	61'1	64'3
July . . . . .	69'9	57'4	68'8	62'6	64'5
August . . . . .	71'8	61'0	68'4	64'8	66'5
September . . . . .	73'6	60'1	70'3	76'0	69'8
October . . . . .	70'9	58'4	71'5	74'4	67'5
November . . . . .	79'6	74'0	68'0	74'9	68'5
December . . . . .	82'9	75'2	68'8	68'8	65'0
OF THE YEAR . . . . .	71'3	61'6	69'6	66'7	66'0
—ADMISSION-RATE OF THE YEAR—					
Influenza . . . . .	2'8	4	3'5	8	1'8
Cholera . . . . .	2	...	...	...	0'5
Small-pox . . . . .	3	4	4	5	4
Enteric Fever . . . . .	17'2	18'0	8'7	20'4	16'7
Intermittent Fever . . . . .	229'4	279'4	185'4	273'2	247'1
Remittent Fever . . . . .	8'9	9'7	5'0	2'4	6'7
Simple Continued Fever . . . . .	13'1	8'4	15'1	21'6	14'0
Tubercle of the lungs . . . . .	2'6	3'3	2'4	5'5	3'4
Pneumonia . . . . .	3'0	10'2	2'4	5'6	5'9
Other Respiratory Diseases . . . . .	21'2	25'3	18'8	21'8	22'5
Dysentery . . . . .	26'1	13'9	20'6	17'4	20'4
Diarrhœa . . . . .	15'9	14'6	4'8	11'6	12'9
Hepatic Abscess . . . . .	4'8	2'0	2'6	3'5	3'3
„ Congestion and Inflammation . . . . .	14'4	15'6	14'1	17'4	15'1
Venereal Diseases . . . . .	299'4	217'5	343'4	286'7	281'4
ALL CAUSES . . . . .	1,063'1	1,050'4	1,082'9	1,125'1	1,078'4
—DEATH-RATE OF THE YEAR—					
Cholera . . . . .	17	...	...	...	0'5
Small-pox . . . . .	11	...	18	...	0'7
Enteric Fever . . . . .	4'00	5'05	1'71	5'69	4'29
Intermittent Fever . . . . .	45	38	99	35	50
Remittent Fever . . . . .	06	32	09	28	20
Simple Continued Fever . . . . .	...	...	...	...	...
Heat-stroke . . . . .	84	1'02	45	69	76
Circulatory Diseases . . . . .	62	45	54	2'57	1'01
Tubercle of the lungs . . . . .	73	64	...	90	59
Pneumonia . . . . .	73	1'53	27	1'18	97
Other Respiratory Diseases . . . . .	17	26	18	42	25
Dysentery . . . . .	96	70	18	83	69
Diarrhœa . . . . .	06	...	...	14	05
Hepatic Abscess . . . . .	2'98	1'15	1'17	1'94	1'85
ALL CAUSES . . . . .	15'31	14'07	8'92	19'58	14'68
—PERCENTAGE IN 100 ADMISSIONS—					
Influenza . . . . .	26	04	32	07	16
Cholera . . . . .	02	...	...	...	...
Small-pox . . . . .	03	04	03	04	04
Enteric Fever . . . . .	1'62	1'71	81	1'81	1'55
Intermittent Fever . . . . .	21'58	26'60	17'12	24'28	22'91
Remittent Fever . . . . .	84	93	47	21	62
Simple Continued Fever . . . . .	1'23	80	1'40	1'92	1'30
Tubercle of the lungs . . . . .	25	32	22	49	31
Pneumonia . . . . .	29	97	22	49	55
Other Respiratory Diseases . . . . .	1'99	2'41	1'74	1'94	2'08
Dysentery . . . . .	2'46	1'32	1'91	1'54	1'90
Diarrhœa . . . . .	1'49	1'39	44	1'03	1'20
Hepatic Abscess . . . . .	46	19	24	31	30
„ Congestion and Inflammation . . . . .	1'35	1'49	1'31	1'55	1'40
Venereal Diseases . . . . .	28'16	20'71	31'71	25'48	26'09
—PERCENTAGE IN 100 DEATHS—					
Cholera . . . . .	1'1	...	...	...	3
Small-pox . . . . .	7	...	2'0	...	4
Enteric Fever . . . . .	26'1	35'9	19'2	29'1	29'2
Intermittent Fever . . . . .	2'9	2'7	11'1	1'8	3'4
Remittent Fever . . . . .	4	2'3	1'0	1'4	1'4
Simple Continued Fever . . . . .	...	...	...	...	...
Heat-stroke . . . . .	5'5	7'3	5'1	3'5	5'2
Circulatory Diseases . . . . .	4'0	3'2	6'1	13'1	6'9
Tubercle of the lungs . . . . .	4'8	4'5	...	4'6	4'1
Pneumonia . . . . .	4'8	10'9	3'0	6'0	6'6
Other Respiratory Diseases . . . . .	1'1	1'8	2'0	2'1	1'7
Dysentery . . . . .	6'3	5'0	2'0	4'3	4'7
Diarrhœa . . . . .	4	...	...	7	3
Hepatic Abscess . . . . .	19'5	8'2	13'1	9'9	12'6

\* Including Delhi Manœuvres and Durbar Force. For complete detail of diseases, see Table LIII.

† Worked on the aggregates.



## EUROPEAN TROOPS, 1902.

TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III.

The actuals will be found in Table I.

RATIOS PER 1,000 OF THE AVERAGE STRENGTH.													
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XIIa	XIIb	India.
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gange- tic Plain and Chutia Nagpur.	Upper Sub- Hima- laya.	N.-W. Frontier, Indus Valley, and N.-W. Rajpu- tana.	S.-E. Rajpu- tana, Central India, and Gujarat.	Deccan.	Western Coast.	South- ern India.	Hill Stations.	Conva- lescent Depôts, and Sanita- ria.	
I.—STRENGTH . . . . .	1,044	1,631	1,809	5,454	11,281	4,260	4,320	8,594	1,593	3,495	8,324	3,229	60,541
II.—†CONSTANTLY-SICK-RATE OF EACH MONTH—													
January . . . . .	80.2	116.0	87.5	83.1	81.6	71.0	132.9	83.9	60.8	63.4	65.9	55.5	73.1
February . . . . .	59.4	147.4	76.2	70.2	66.8	65.1	89.8	87.5	50.6	52.2	58.6	52.9	67.1
March . . . . .	56.0	113.2	48.9	67.6	63.3	47.5	72.0	74.5	53.1	50.1	47.1	56.1	60.1
April . . . . .	47.3	94.4	52.0	69.3	63.6	45.4	71.3	65.9	49.6	43.7	53.1	59.2	59.1
May . . . . .	66.2	58.3	63.1	82.3	67.6	53.5	70.8	68.4	53.7	46.9	53.3	74.9	64.1
June . . . . .	60.9	70.0	56.6	79.9	60.7	53.5	67.8	66.6	57.4	47.2	56.6	77.0	64.1
July . . . . .	64.5	75.9	60.4	74.6	57.7	59.5	59.1	67.6	53.8	50.8	56.6	83.4	64.1
August . . . . .	81.4	75.9	71.3	74.1	65.5	62.1	64.8	70.6	52.2	47.2	55.7	86.6	60.1
September . . . . .	85.1	88.2	69.5	75.8	72.6	60.3	77.6	81.6	56.3	50.2	56.0	82.5	69.1
October . . . . .	74.3	98.2	60.6	74.5	72.4	56.0	80.9	70.1	63.4	55.9	59.9	75.2	67.1
November . . . . .	62.6	84.2	89.1	77.1	84.9	68.8	87.6	67.7	57.4	59.5	73.9	92.4	68.1
December . . . . .	49.6	97.5	89.4	72.8	83.7	64.4	92.0	58.2	61.5	64.7	78.0	80.0	65.1
OF THE YEAR . . . . .	65.9	90.6	70.3	74.9	70.5	59.2	80.7	71.3	55.7	53.2	57.0	75.9	66.1
III.—ADMISSION-RATE OF THE YEAR—													
Influenza . . . . .	3.8	3.7	5.0	.9	.5	...	1.2	1.5	1.3	4.0	4.1	2.5	1.1
Cholera . . . . .	...	...	.6	.4	...	...	...	...	...	...	...	...	.0
Small-pox . . . . .	...	.6	...	.6	.6	.7	.2	.3	...	.6	.4	...	.0
Enteric Fever . . . . .	3.8	4.3	9.4	19.6	21.7	10.6	18.3	18.5	5.0	9.4	20.8	19.5	16.1
Intermittent Fever . . . . .	151.3	528.5	259.8	230.8	302.3	385.9	437.5	236.7	105.5	114.4	107.8	228.6	247.1
Remittent Fever . . . . .	7.7	1.8	54.7	3.5	7.5	8.0	4.2	3.6	7.5	2.9	5.4	8.7	6.1
Simple Continued Fever . . . . .	32.6	5.5	.6	12.8	14.7	5.6	20.8	15.4	7.5	12.0	18.9	6.8	14.1
Rheumatic Fever . . . . .	1.9	...	1.1	.4	.7	.2	.5	.6	...	.3	.8	1.2	.1
Tubercle of the lungs . . . . .	2.9	2.5	3.3	3.5	3.5	3.5	2.5	2.8	2.5	1.1	2.2	3.7	3.1
Pneumonia . . . . .	...	1.2	2.8	2.4	9.0	5.9	3.7	2.3	6.9	4.0	6.4	6.2	5.1
Other Respiratory Diseases . . . . .	22.0	17.8	27.1	22.9	20.8	24.2	22.9	18.6	11.9	15.2	24.0	30.7	22.1
Dysentery . . . . .	42.1	22.1	74.6	20.4	15.3	14.6	16.2	18.3	9.4	13.7	17.7	26.0	20.1
Diarrhœa . . . . .	7.7	4.9	12.7	18.7	11.4	6.6	11.6	9.4	3.1	4.9	23.4	15.2	12.1
Hepatic { Abscess . . . . .	4.8	.6	17.1	2.9	1.7	3.1	2.8	3.3	1.9	2.6	2.6	6.8	3.1
Congestion and Inflammation . . . . .	10.5	14.1	27.1	13.8	15.8	18.1	15.3	13.4	15.7	10.3	14.7	21.7	15.1
Venereal Diseases . . . . .	431.0	281.4	413.5	287.5	243.6	243.2	346.8	371.5	260.5	348.2	205.9	206.9	281.1
ALL CAUSES . . . . .	1,146.6	1,425.5	1,234.4	1,075.5	1,086.2	1,149.8	1,340.0	1,144.3	742.0	953.6	873.4	1,151.7	1,078.1
IV.—DEATH-RATE OF THE YEAR—													
Cholera . . . . .	...	...	.55	.37	...	...	...	...	...	...	...	...	.0
Small-pox . . . . .	...	...	...	.18	.09	...	...	...	...	.57	...	...	.0
Enteric Fever . . . . .	...	1.23	1.66	3.85	5.67	3.05	5.32	4.54	5.02	2.29	5.17	5.57	4.2
Intermittent Fever . . . . .	...	4.90	2.21	...	.62	.23	.69	.23	.63	.29	.12	...	.5
Remittent Fever . . . . .	.96	...	...	...	.27	.47	...	...	1.26	...	.24	.31	.2
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	.96	...	1.66	.37	.98	1.64	1.85	.81	.63	...	.12	.31	.7
Circulatory Diseases . . . . .	...	...	...	1.10	.53	2.11	.69	1.63	2.51	1.14	.84	.62	1.0
Tubercle of the lungs . . . . .	...	...	1.11	1.10	.62	.47	.93	.35	1.88	...	.12	1.24	.5
Pneumonia . . . . .	...	...	...	.73	1.60	.94	.93	.23	2.51	.29	1.20	1.86	.9
Other Respiratory Diseases . . . . .	...	.61	...	.18	.18	.23	.69	.23	.63	...	.36	...	.2
Dysentery . . . . .	1.92	...	3.32	.92	.89	...	.93	.35	.63	...	.06	.62	.6
Diarrhœa . . . . .	...	...	...	.18	...	...	...	...	...	...	.12	...	.0
Hepatic Abscess . . . . .	2.87	.61	1.06	1.83	.98	.94	2.31	1.63	1.88	1.43	1.32	5.26	1.8
ALL CAUSES . . . . .	12.45	11.65	24.32	14.30	15.87	14.08	17.59	13.73	21.34	6.87	13.33	18.27	14.6
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	.33	.26	.40	.09	.05	...	.09	.13	.17	.42	.47	.22	.1
Cholera . . . . .	...	...	.04	.03	...	...	...	...	...	...	...	...	.0
Small-pox . . . . .	...	.04	...	.05	.06	.06	.02	.03	...	.06	.04	...	.0
Enteric Fever . . . . .	.33	.30	.76	1.82	2.00	.92	1.36	1.62	.68	.99	2.38	1.69	1.5
Intermittent Fever . . . . .	13.20	37.08	21.05	21.46	27.83	33.56	32.65	20.68	14.21	12.00	12.34	19.84	22.9
Remittent Fever . . . . .	.67	.13	4.43	.32	.69	.69	.31	.32	1.02	.30	.62	.75	.6
Simple Continued Fever . . . . .	2.84	.39	.04	1.19	1.35	.49	1.55	1.34	1.02	1.26	2.16	.59	1.3
Rheumatic Fever . . . . .	.17	...	.09	.03	.07	.02	.03	.05	...	.03	.10	.11	.0
Tubercle of the lungs . . . . .	.25	.17	.27	.32	.32	.31	.19	.24	.34	.12	.25	.32	.3
Pneumonia . . . . .	...	.09	.22	.22	.83	.51	.28	.20	.93	.42	.73	.54	.5
Other Respiratory Diseases . . . . .	1.92	1.25	2.19	2.13	1.92	2.10	1.71	1.63	1.61	1.59	2.75	2.66	2.0
Dysentery . . . . .	3.68	1.55	6.05	1.89	1.41	1.27	1.21	1.60	1.27	1.44	2.02	2.26	1.9
Diarrhœa . . . . .	.67	.34	1.03	1.74	1.04	.57	.86	.82	.42	.51	2.68	1.32	1.2
Hepatic { Abscess . . . . .	.42	.04	1.39	.27	.16	.27	.21	.28	.25	.27	.30	.59	.3
Congestion and Inflammation . . . . .	.92	.99	2.19	1.28	1.45	1.57	1.14	1.17	2.12	1.08	1.68	1.88	1.4
Venereal Diseases . . . . .	37.59	19.74	33.50	26.73	22.43	21.15	25.88	32.47	35.11	36.51	23.58	17.96	26.0
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...	...	2.3	2.6	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	...	...	1.3	.6	...	...	...	...	.83	...	...	...
Enteric Fever . . . . .	...	10.5	6.8	26.9	35.8	21.7	30.3	33.1	23.5	33.3	38.7	30.5	29.1
Intermittent Fever . . . . .	...	42.1	9.1	...	3.9	1.7	3.9	1.7	2.9	4.2	...	...	3.1
Remittent Fever . . . . .	7.7	...	...	...	1.7	3.3	...	...	5.9	...	1.8	1.7	1.1
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	7.7	...	6.8	2.6	6.1	11.7	10.5	5.9	2.9	...	.9	1.7	5.1
Circulatory Diseases . . . . .	...	...	...	7.7	3.4	15.0	3.9	11.9	11.8	16.7	6.3	3.4	6.1
Tubercle of the lungs . . . . .	...	...	4.5	7.7	3.9	3.3	5.3	2.5	8.8	...	.9	6.8	4.1
Pneumonia . . . . .	...	...	...	5.1	10.1	6.7	5.3	1.7	11.8	4.2	9.0	10.2	6.1
Other Respiratory Diseases . . . . .	...	5.3	...	1.3	1.1	1.7	3.9	1.7	2.9	...	2.7	...	1.1
Dysentery . . . . .	15.4	...	13.6	6.4	5.6	...	5.3	2.5	2.9	...	7.2	3.4	4.1
Diarrhœa . . . . .	...	...	...	1.3	...	...	...	...	...	...	.9	...	...
Hepatic Abscess . . . . .	23.1	5.3	45.5	12.8	6.1	6.7	13.2	11.9	8.8	20.8	9.9	28.8	12.1

\* For complete detail of diseases, see Table LIII.

† Worked on the aggregates.



EUROPEAN TROOPS, 1902.

TABLE III.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals, see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.
Port Blair .	137 {	...	...	...	...	175'2	51'1	80'3	14'6	...	7'3	...	...	7'3	7'3	...	7'3	7'3	94'9	715'3 14'60	23'3	...	36'5	36'5	21'9
Angoon .	907 {	4'4	...	...	4'4	147'7	1'1	25'4	...	1'1 1'10	6'6	3'3	...	24'3	47'4 2'21	8'8	4'4 2'21	11'0	481'8	1,211'7 12'13	72'3	13'2	219'4	86'0	163'2
GROUP I.— BURMA COAST AND BAY IS- LANDS.	* 1,044 {	3'8	...	...	3'8	151'3	7'7	32'6	1'9	1'0	6'7	2'9	...	22'0	42'1	7'7	4'8	10'5	431'0	1,146'6 12'45	† 65'9	11'5	195'4	79'5	144'6
Mayetmyo	231 {	...	...	4'3	4'3	69'3	...	...	...	...	4'3	...	...	21'6	13'0	4'3	...	8'7	337'7	1,324'7	59'0	21'6	138'5	34'6	142'9
Meiktila .	282 {	...	...	...	10'6	297'9	...	3'5	...	3'5	46'1	7'1	3'5	17'7	7'1	14'2	...	7'1	333'3	1,134'8 7'09	90'4	42'6	106'4	70'9	113'5
Port Dufferin	614 {	...	...	...	4'9 3'26	1,140'1 13'03	1'6	...	...	...	4'9	1'6	1'6	16'3	39'1	...	...	24'4 1'63	283'4	2,039'1 21'17	116'6	55'4	92'8	40'7	94'5
Mahebo .	504 {	11'9	...	...	...	123'0	4'0	15'9	...	...	17'9	2'0	...	17'9 1'98	13'9	6'0	2'0 1'98	7'9	224'2 1'98	886'9 7'94	73'4	21'8	49'6	61'5 1'98	91'3
GROUP II.— BURMA IN- LAND.	* 1,631 {	3'7	...	'6	4'3	528'5	1'8	5'5	...	'6	15'9	2'5	1'2	17'8	22'1	4'9	'6	14'1	281'4	1,425'5 11'65	† 90'6	38'0	88'3	51'5	103'6
Port William	992 {	9'1	1'0 1'01	...	3'0 1'01	288'3	95'8	1'0	...	2'0 3'02	11'1	2'0	2'0	17'1	21'2 2'02	3'0	5'0 4'03	13'1	510'1	1,347'8 13'10	75'8	33'3	183'5	54'4	238'9
„ Fulra	24 {	...	...	...	...	125'0	...	...	...	...	...	...	...	...	83'3	...	...	...	583'3	1,000'0	4'6	83'3	83'3	...	416'7
„ Chingri- khal.	43 {	...	...	...	...	69'8	69'8	...	...	...	...	...	...	23'3	...	...	...	23'3	232'6	488'4 23'26	1'9	46'5	93'0	46'5	46'5
Dum-Dum .	407 {	...	...	...	19'7 2'46	179'4	2'5	...	2'5	...	4'9	9'8 4'91	...	24'6	76'2	17'2	19'7 14'74	29'5	260'4	852'6 24'57	57'1	17'2	90'9	34'4	117'9
Barrackpore	343 {	...	...	...	17'5 2'92	306'1 11'66	...	...	2'9	...	11'7	...	8'7	61'2	236'2 11'66	37'9	52'5 29'15	67'1	326'5	1,469'4 58'31	83'1	14'6	151'6	52'5	107'9
GROUP IV.— BENGAL AND ORISSA.	* 1,809 {	5'0	'6 '55	...	9'4 1'66	259'8	54'7	'6	1'1	1'1 1'66	9'4	3'3 1'11	2'8	27'1	74'6	12'7	17'1 11'06	27'1	413'5	1,234'4 24'32	† 70'3	27'1	153'1	48'6	184'6
B																									
Dinapore .	563 {	...	3'6 3'55	...	5'3	147'4	1'8	16'0	...	1'8	7'1 1'78	5'3 3'55	5'3	44'4	19'5	39'1 1'78	...	5'3	302'0	968'0 17'76	55'4	26'6	53'3	40'9	181'2
Benares	205 {	...	...	...	9'8 4'88	312'2	4'9	29'3	...	4'9	...	...	...	14'6	4'9 4'88	4'9	4'9 4'88	14'6	336'6	1,224'4 29'27	66'1	87'8	43'9	19'5	185'4
Allahabad .	804 {	...	...	...	13'7 2'49	364'4	1'2	...	...	2'5	33'6	2'5 1'24	1'2	16'2	12'4 2'49	5'0	6'2 1'24	12'4	274'9	1,174'1 11'19	69'4	6'2	95'8	54'7	118'2
Port Allah- abad.	194 {	...	...	...	10'3 10'31	319'6	10'3	...	...	...	5'2	15'5	5'2	10'3	15'5	20'6	...	20'6	247'4	1,010'3 15'46	64'9	15'5	103'1	25'8	103'1
Fyzabad .	653 {	...	...	...	29'1 1'53	139'4	...	...	...	3'1	16'8	...	1'5 1'53	6'1	23'0 1'53	13'8	1'5 1'53	15'3	508'4	1,234'3 10'72	120'7	174'6	13'8	53'6	266'5
Sitapur .	460 {	...	...	...	8'7	228'3	15'2	6'5	...	...	2'2	...	2'2	...	8'7	23'9	2'2 2'17	4'3	300'0	1,000'0 2'17	71'1	8'7	160'9	26'1	104'3
Lucknow .	1,930 {	1'6	...	1'0	28'5 6'22	172'0	2'1	13'5	1'0	5'2 '52	9'8 1'04	2'1 '52	3'1	35'8 '52	27'5 '52	24'4	2'1 1'04	14'0	230'6	98'3 13'99	73'7	8'3	31'6	32'6	158'0
Cawnpore .	482 {	4'1	...	2'1 2'07	18'7 4'15	381'7	4'1	49'8	...	4'1 2'07	10'4 4'15	10'4 4'15	...	18'7	22'8	6'2	4'1 4'15	22'8	186'7	1,267'6 20'75	69'7	66'4	...	41'5	78'8
Fatehgarh .	163 {	...	...	...	12'3 6'13	276'1	6'1	12'3	...	...	18'4 6'13	12'3	...	...	18'4	6'1	12'3 12'27	30'7	337'4	975'5 30'67	49'1	42'9	159'5	24'5	110'4
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	* 5,454 {	'9	'4 '37	'6 '18	19'6 3'85	230'8	3'5	12'8	'4	3'3 '37	13'0 1'10	3'5 1'10	2'4 '73	22'9 '18	20'4 '92	18'7 '18	2'9 1'83	13'8	287'5	1,075'5 14'30	† 74'9	39'2	56'1	38'5	153'6

\* Derived from the aggregates.

† Worked on the aggregates.



## EUROPEAN TROOPS, 1902.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals, see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.
<b>A</b>																									
Shahjahanpur.	523	...	...	...	21'0 3'82	172'1	7'6	3'8	...	7'6 1'91	13'4	...	3'8	11'5	9'6	3'8	5'7	3'8	315'5 956'0 9'56	62'4	19'1	47'8	17'2	231'1	
Bareilly .	974	...	...	...	23'6 3'08	61'6	...	81'1	...	1'0 1'03	25'7	1'0	2'1 1'03	14'4	18'5	5'1	3'1	7'2	211'5 786'4 11'29	70'1	28'7	15'4	40'0	127'1	
Roorkee .	389	...	...	...	20'6 12'85	156'8	2'6	5'1	...	...	23'1 2'57	5'1	...	25'7	5'1	10'3	2'6	7'7	311'1 907'5 20'57	67'4	33'4	118'3	23'1	136'1	
Meerut .	1,379	...	...	2'2 73	31'2 8'70	258'9	2'9	8'0	7	...	8'7	2'2	3'6 1'45	21'8	23'2 73	8'7	1'5 73	10'9	224'8 1,079'8 15'95	82'0	22'5	50'0	29'7	122'1	
Delhi .	283	...	...	...	3'5 3'53	696'1	3'5	...	...	3'5 3'53	21'2	3'5	3'5	35'3	3'5	7'1	...	28'3	201'4 1,583'0 21'20	97'7	31'8	45'9	67'1	56'1	
Umballa .	1,274	8	...	...	43'2 7'06	210'4	...	8'6	8	...	8'6 78	...	7'8 78	27'5	16'5	23'5	2'4 1'57	12'6	177'4 987'4 17'27	57'3	29'8	29'8	28'3	89'1	
<b>B</b>																									
Jullundur .	510	...	...	...	3'9	202'0	...	3'9	...	3'9	13'7 1'96	11'8	2'0 3'92	7'8	13'7	3'9	...	11'8	217'6 874'5 9'80	52'6	29'4	33'3	41'2	113'1	
Ferozepore .	886	...	...	...	4'5 4'51	717'8	...	23'7	1'1	5'6	3'4 1'13	...	10'2 1'13	26'0	18'1	14'7	...	7'9	220'1 1,405'2 10'16	71'8	30'5	23'7	47'4	118'1	
Amritsar .	238	...	...	...	4'2 4'20	470'6	21'0	...	...	4'2	...	...	8'4 4'20	...	12'6	8'4	...	...	147'1 852'9 16'81	35'6	16'8	4'2	37'8	88'1	
Meean Meer	731	...	...	2'7	15'0 2'74	264'0	5'5	46'5	1'4	20'5 2'74	4'1	12'3 1'37	6'8 1'37	20'5	12'3	12'3	2'7 2'74	104'0	207'9 1,220'2 17'78	66'3	10'9	57'3	46'5	93'1	
Fort Lahore	115	...	...	...	34'8 8'70	913'0	17'4	...	...	17'4 8'70	8'7	...	8'7	17'4	8'7	34'8	...	8'7	147'8 1,617'4 17'39	46'0	17'4	34'8	60'9	34'1	
Sialkot .	1,126	...	...	...	27'5 8'88	152'8	37'3 89	...	9	7'1 89	7'1 89	9	8'0	27'5	7'1	15'1	1'8 89	7'1	250'4 978'7 15'10	60'0	18'7	79'0	33'7	119'1	
Rawalpindi.	2,377	2'1	...	4	18'5 4'63	350'9	5'9 42	1'7	1'3	5'5 1'68	16'8	6'3 1'68	18'1 3'37	19'4	16'0	8'0	1'3 1'68	8'0	310'9 1,157'8 18'93	82'1	44'6	83'7	67'7	114'1	
Campbellpur	263	...	...	3'8	7'6 3'80	83'7	...	...	...	...	22'8	3'8	30'4 3'80	15'2	7'6	3'8	...	30'4	247'1 840'3 7'60	77'6	15'2	83'7	60'8	87'1	
Attock .	214	...	...	...	23'4 14'02	934'6	37'4	...	...	23'4	9'3 46'7	...	18'7	23'4	46'7	28'0	...	9'3	313'1 1,831'8 37'38	85'2	14'0	116'8	23'4	158'1	
<b>GROUP VI.—UPPER SUB-HIMALAYA.</b>	* 11,281	5	...	6	21'7 5'67	302'3	7'5	14'7	7	5'1 98	12'4	3'5	9'0 1'60	20'8	15'3	11'4	1'7 98	15'8	243'6 1,086'2 15'87	† 70'5	28'3	55'5	43'1	116'1	
<b>A</b>																									
Nowshera .	529	...	...	1'9	3'8	410'2	11'3	35'9	...	7'6 1'89	24'6	3'8	20'8 3'78	11'3	5'7	7'6	3'8	20'8	221'2 1,249'5 5'67	61'2	30'2	18'9	56'7	115'1	
Peshawar .	1,445	...	...	7	13'8 5'54	357'1	17'3 69	1'4	...	5'5 1'38	15'2	4'8	4'2	24'9	11'8	4'2	2'1 69	4'2	161'9 903'8 10'38	52'9	3'5	46'4	24'2	87'1	
Mooltan .	734	...	...	...	21'8 2'72	261'6	...	4'1	1'4	16'3 2'72	15'0	2'7 1'36	5'4 2'72	54'5	9'5	17'7	5'4 1'36	16'3	347'4 1,283'4 14'99	67'8	88'6	45'0	57'2	156'1	
<b>C</b>																									
Hyderabad.	458	...	...	...	4'4 2'18	355'9	2'2	...	...	2'2	21'8	...	2'2	30'6	17'5	6'6	...	59'0 2'18	262'0 1,331'9 17'47	60'8	76'4	26'2	50'2	109'1	
Kurrachee .	1,095	...	...	9	4'6 1'83	507'8	1'8 91	...	...	2'7 1'83	19'2	3'7 7'31	2'7	6'4	24'7	1'8	3'7 1'83	19'2	283'1 1,259'4 21'00	60'5	26'5	101'4	56'6	98'1	
<b>GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND N.-W. RAJ-PUTANA.</b>	* 4,260	...	...	7	10'6 3'05	385'9	8'0	5'6	2	6'6 1'64	18'1	3'5	5'9 2'11	24'2	14'6	6'6	3'1 94	18'1	243'2 1,149'8 14'08	† 59'2	35'2	54'7	45'1	108'1	
<b>A</b>																									
Deesa .	311	...	...	...	12'9 3'22	897'1	...	9'6	...	6'4 3'22	6'4	3'2	9'6 3'22	19'3	3'2	9'6	...	9'6	469'5 1,816'7 19'29	98'1	19'3	199'4	80'4	170'1	
Ahmedabad	226	...	...	...	...	597'3	...	...	...	...	22'1	...	...	22'1	...	13'3	...	26'5	424'8 1,420'4 4'42	76'2	48'7	79'6	79'6	216'1	
<b>B</b>																									
Neemuch .	237	...	...	...	8'4 4'22	333'3	...	...	4'2	...	8'4	...	4'2	29'5	21'1	16'9	...	4'2	358'6 1,248'9 4'22	75'0	42'2	63'3	59'1	194'1	
Nasirabad .	370	...	...	...	48'6 13'51	340'5	10'8	...	...	...	13'5	5'4 2'70	5'4	13'5	13'5	24'3	2'7	35'1	332'4 1,362'2 24'32	95'8	29'7	127'0	70'3	105'1	
Muttra .	29	...	...	...	34'5	172'4	...	...	...	...	...	...	...	69'0	...	...	...	...	551'7 1,413'8	106'6	34'5	206'9	34'5	275'1	
Agra .	1,019	...	...	...	3'9 1'96	309'2	2'0 98	31'4	...	3'9 3'93	10'8	2'0 98	2'0	32'4	10'8	8'8	2'9 2'94	7'9	348'4 1,158'0 14'72	75'7	32'4	97'2	58'9	160'1	

\* Derived from the aggregates.

† Worked on the aggregates.



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.
Jhansi .	747 {	...	...	...	13'4 6'69	390'9 1'34	...	2'7	...	5'4 4'03	4'0 1'34	6'7 2'68	4'0 2'68	17'4 1'34	14'7	6'7	1'3 1'34	10'8	411'0 ...	1,278'4 26'77	96'2	16'1	153'9	34'8	206'2
Nowgong .	203 {	...	...	...	9'9 4'93	128'1	...	54'2	...	39'4	29'6	...	...	...	14'8 4'93	4'9	9'9	4'9	320'2 ...	980'3 9'85	57'4	4'9	261'1	9'9	44'3
Indore .	115 {	...	...	...	8'7	400'0	52'2	17'4	...	...	...	8'7	...	8'7	34'8	...	8'7 8'70	34'8	373'9 ...	1,470'0 8'70	71'7	78'3	52'2	130'4	113'0
Mhow .	1,062 {	4'7	...	9	34'8 7'53	552'7	5'6	37'7	9	...	27'3	...	4'7 94	25'4	28'2 1'88	15'1	3'8 4'71	20'7	246'7 ...	1,468'0 17'89	71'4	25'4	60'3	62'1	98'9
GROUP VIII.— SOUTH-EAST RAJ- PUTANA, CENTRAL INDIA, AND GUJARAT.	* 4,320 {	1'2	...	2	18'3	437'5	4'2	20'8	5	4'2	14'6	2'5	3'7	22'9	16'2	11'6	2'8	15'3	346'8	1,340'0	† 80'7	28'0	112'3	58'6	147'9
		...	...	...	5'32	6'9	...	...	...	1'85	6'9	93	93	6'9	93	...	2'31	...	23	17'59		...	...	23	...
A Saugor .	258 {	...	...	...	...	876'0	19'4	...	...	3'9	11'6	3'9	3'9	31'0	7'8	11'6	...	15'5	317'8	1,577'5 3'88	90'8	15'5	112'4	46'5	143'4
Jubbulpore .	566 {	...	...	...	37'1 12'37	356'9	17'7	10'6	...	1'8	5'3 1'77	...	7'1	7'1	51'2 1'77	12'4	1'8	23'0	404'6 ...	1,295'0 17'67	87'1	14'1	204'9	45'9	139'6
Kamptee .	705 {	...	...	...	2'8 1'42	282'3	...	14'2	...	17'0 5'67	29'8 4'26	5'7 1'42	8'5 1'42	19'9 2'84	14'2 2'84	24'1	5'7 4'26	7'1	468'1 ...	1,402'8 29'79	93'7	99'3	146'1	73'8	148'9
Sitabaldi .	60 {	...	...	...	...	300'0	...	200'0	...	16'7	66'7	...	...	116'7	66'7	66'7	...	50'0	333'3	2,116'7 33'33	18'2	50'0	133'3	...	150'0
B Secun- derabad. }	2,036 {	4'4	...	5	8'8 1'47	104'6 98	6'9	31'4	2'0	3'9 98	17'7	4'9	1'5 49	26'0	22'1	6'9	3'9 98	19'2	419'9	1,131'1 6'39	73'0	72'7	88'4	86'4	172'4
Belgaum .	1,203 {	...	...	...	7'5 1'66	191'2	8	...	...	...	10'0 83	...	1'7	11'6	15'0	1'7	1'7 11'6	379'1 83	1,048'2 7'48	70'4	99'8	22'4	87'3 83	169'6	
Satara .	135 {	...	...	...	...	118'5	...	14'8	...	...	22'2	...	...	22'2	7'4	14'8	...	22'2	318'5	688'9	34'3	14'8	66'7	51'9	185'2
Poona .	1,879 {	5	...	...	18'6 5'85	227'2	5	14'9	...	5 53	23'4 2'13	2'7 53	1'6	18'1	15'4	12'8	4'8 3'73	10'6	342'7 1'06	987'8 16'50	66'2	14'4	120'3	39'4 1'06	168'7
Kirkee .	755 {	2'6	...	2'6	70'2 10'60	411'9	...	...	1'3	...	11'9 5'30	2'6 1'32	...	7'9	21'2	1'3	2'6	4'0	306'0 1'32	1,271'5 26'49	68'8	29'1	57'6	75'5 1'32	144'5
Ahmednagar	998 {	1'0	...	...	21'0 7'01	192'4	...	10'0	...	...	34'1	2'0	1'0	17'0	3'0	7'0	2'0 2'00	11'0	303'6	1,107'2 11'02	58'7	53'1	33'1	40'1	177'4
GROUP IX.— DECCAN.	* 8,594 {	1'5	...	3	18'5 4'54	236'7 23	3'6	15'4	6	2'8 81	19'7 1'63	2'8 35	2'3 23	18'6 23	18'3 35	9'4	3'3 1'63	13'4	371'5 47	1,144'3 13'73	† 71'3	53'2	90'1	63'9 47	164'4
Colaba	1,322 {	1'5	...	...	5'3 6'05	116'5 76	6'1 1'51	9'1	...	1'5 76	9'8 3'03	3'0 2'27	8'3 3'3	11'3 76	10'6 76	3'0	2'3 2'27	15'1 76	246'6 76	702'0 24'96	56'7	32'5	79'4	20'4 76	114'2
Cannanore .	74 {	...	...	...	13'5	135'1	...	...	...	...	...	...	...	54'1	...	13'5	...	40'5	689'2	1,554'1	76'5	81'1	283'8	67'6	256'8
Calicut .	69 {	...	...	...	...	...	...	...	...	...	...	...	...	...	14'5	...	...	...	289'9	768'1	59'0	43'5	72'5	130'4	43'5
Mallapuram	127 {	...	...	...	...	31'5	31'5	...	...	7'9	7'9	...	...	...	...	...	...	15'7	141'7	677'2 7'87	31'5	23'6	...	47'2	70'9
GROUP X.— WESTERN COAST.	* 1,593 {	1'3	...	...	5'0 5'02	105'5 63	7'5 1'26	7'5	...	1'9 63	8'8 2'51	2'5 1'88	6'9 2'51	11'9 63	9'4 63	3'1	1'9 1'88	15'7 63	260'5 63	742'0 21'34	† 55'7	34'5	82'2	29'5 63	114'2
A Bellary .	633 {	3'2	...	3'2	9'5 4'74	153'2 1'58	11'1	9'5	...	1'6	15'8	1'6	4'7	19'0	15'8	...	6'3 3'16	4'7	323'9	911'5 17'38	55'0	66'4	53'7	71'1	132'7
Bangalore .	1,498 {	4'7	...	3'16	12'0 2'67	138'9	2'0	4'0	7	7	6'0 6'7	7	6'7	7'3	16'7	9'3	2'00	14'0	382'5	968'6 6'01	53'4	29'4	145'5	57'4	150'2
B Trichinopoly (Boer Guard).	462 {	...	...	...	...	62'8	...	6'5	...	...	10'8	...	...	15'2	6'5	2'2	...	4'3	248'9	779'2	60'2	23'8	56'3	45'5	123'4
Pallavaram .	13 {	...	...	...	...	153'8	...	...	...	...	...	...	...	76'9	...	...	...	...	384'6	1,538'5	38'5	...	153'8	...	230'8
St. Thomas' Mount.	354 {	...	...	...	2'8	104'5	...	19'8	...	...	2'8	5'6	...	22'6	14'1	5'6	...	14'1	237'3	943'5 2'82	65'8	59'3	62'1	14'1	101'7
Madras .	535 {	9'3	...	...	15'0 1'87	50'5	...	37'4	...	3'7	...	...	1'9	26'2	9'3	...	1'9	9'3 1'87	439'3	1,104'7 5'61	36'9	44'9	125'2	65'4	203'7
GROUP XI.— SOUTHERN INDIA.	* 3,495 {	4'0	...	6	9'4 2'29	114'4 29	2'9	12'0	3	1'1	7'2 1'14	1'1	4'0 29	15'2	13'7	4'9	2'6 1'43	10'3 29	348'2	953'6 6'87	† 53'2	40'6	105'6	54'9	147'1

\* Derived from the aggregates.

† Worked on the aggregates.



## EUROPEAN TROOPS, 1902.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.
Ranikhet .	949 {	...	...	...	26'3 5'27	35'8	...	7'4	...	...	2'1	...	2'1	6'3	10'5 1'05	23'2	1'1 1'05	5'3 1'05	303'5	715'5 } 10'54	60'1	11'6	73'8	23'2	194'...
Bhim Tal .	130 {	...	...	...	23'1	223'1	7'7	...	...	...	7'7	...	...	15'4	...	23'1	...	7'7	161'5	669'2 } 7'69	27'3	15'4	23'1	30'8	92'...
Chaubuttia .	275 {	112'7 3'64	...	...	25'5 3'64	69'1	...	...	...	...	3'5	...	3'6 3'64	14'5	...	98'2	...	...	156'4	963'6 } 10'91	51'1	10'9	14'5	29'1	101'...
Chakrata .	967 {	...	...	...	8'3 1'03	205'8	...	...	1'0	...	64'1	2'1	3'1 1'03	35'2 1'03	29'0 1'03	24'8	2'1 2'07	20'7	306'1	1,237'9 } 7'24	83'8	115'8	46'5	51'7	92'...
Lebong .	315 {	6'3	...	...	...	66'7 3'17	...	25'4	...	...	...	3'2 3'17	...	3'2	54'0	54'0	15'9 12'70	31'7	133'3	615'9 } 28'57	43'3	15'9	41'3	38'1	38'...
Solon .	36 {	...	...	...	...	27'8	55'6	27'8	...	...	...	...	27'8	...	55'6	...	...	55'6	111'1	1,250'0 } ...	43'9	...	55'6	...	55'...
Dagshai .	455 {	...	...	...	...	107'7	17'6	4'4	2'2	...	4'4	...	6'6	63'7 2'20	4'4	52'7	2'2	4'4	103'3	1,070'3 } 4'40	64'0	11'0	15'4	17'6	59'...
Subathu .	334 {	...	...	...	12'0 2'99	194'6	...	6'0	...	...	35'9	...	...	15'0	12'0	12'0	6'0 2'99	24'0	107'8	817'4 } 8'98	41'7	15'0	3'0	26'9	62'...
Jutogh .	242 {	...	...	...	16'5 4'13	82'6	...	4'1	4'1	4'1	8'3	...	12'4	20'7	4'1	12'4	...	45'5 4'13	268'6	1,024'8 } 8'26	55'3	74'4	53'7	74'4	66'...
Khyragully .	60 {	...	...	...	...	33'3	...	...	16'7	...	33'3	16'7	16'7	33'3	16'7	...	...	...	300'0	950'0 } 16'67	63'0	16'7	50'0	166'7	66'...
Baragully .	52 {	...	...	...	...	...	...	19'2	19'2	...	...	...	...	57'7	...	...	...	...	173'1 19'23	480'8 } 19'23	26'9	19'2	57'7	76'9	19'...
Kuldunnah .	373 {	...	...	...	...	18'8	5'4	5'4	2'7	...	21'4	2'7	...	13'4	5'4	45'6	2'7	8'0	222'5	643'4 } 2'68	43'8	21'4	26'8	128'7	45'...
Kalabagh .	57 {	...	...	...	...	...	17'5	...	17'5	...	17'5	...	...	...	17'5	...	...	17'5	263'2	701'8 } 17'54	32'8	17'5	17'5	193'0	35'...
Camp Gharial }	458 {	...	...	...	13'1 6'55	115'7	10'9	6'6	...	2'2	10'9	2'2	6'6 2'18	30'6	2'2	10'9	2'2	17'5	187'8	873'4 } 8'73	42'5	30'6	26'2	69'9	61'...
Camp Thobba }	246 {	...	...	...	4'1	207'3	4'1	...	...	...	32'5	...	8'1 4'07	40'7	16'3	12'2	8'1	16'3	272'4	1,178'9 } 8'13	59'5	73'2	16'3	89'4	93'...
Camp Lower Topa. }	99 {	10'1	...	...	50'5 30'30	171'7	...	10'1	...	20'2 10'10	...	...	...	20'2	...	20'2	...	20'2	474'7	1,414'1 } 40'40	68'6	90'9	191'9	141'4	50'...
Khanspur .	406 {	...	...	...	12'3 2'46	73'9	7'4	...	...	...	7'4	...	4'9 2'46	2'5	32'0 2'46	4'9	...	9'9	113'3	381'8 } 7'39	23'0	2'5	24'6	12'3	73'...
Kakool .	203 {	...	...	...	103'4 39'41	167'5	...	93'6	...	...	9'9	4'9	4'9	14'8	54'2 4'93	9'9	...	4'9	246'3	1,039'4 } 44'33	63'9	78'8	88'7	24'6	54'...
Cherat .	331 {	...	...	...	21'1 3'02	30'2	60'4	...	...	...	9'1	3'0	...	6'0	18'1	...	3'0 3'02	9'1	99'7	664'7 } 9'06	56'3	3'0	21'1	27'2	48'...
Quetta .	2,336 {	...	...	1'3	33'0 7'71	109'6	9'43	47'1	...	...	12'0 2'14	4'3	13'3 2'14	30'8 4'3	18'8 1'71	17'1 4'3	2'6 1'86	15'8	178'9	863'4 } 19'26	60'6	7'7	69'8	25'7	75'...
GROUP XII a— HILL STA- TIONS.	* 8,324 {	4'1 1'12	...	4	20'8 5'17	107'8 1'12	5'4 2'24	18'9	8	5 1'12	17'1 8'84	2'2 1'12	6'4 1'20	24'0 3'36	17'7 9'96	23'4 1'12	2'6 1'32	14'7 2'24	205'9 1'12	873'4 } 13'33	† 57'0	29'9	49'0	42'2 1'12	84'...
Darjeeling .	324 {	...	...	...	9'3 3'09	40'1	15'4	6'2	...	...	9'3	9'3	3'1	18'5	37'0	18'5	15'4 12'35	40'1	345'7	1,080'2 } 18'52	73'9	27'8	74'1	101'9	142'...
Naini Tal .	126 {	...	...	...	...	142'9	15'9	...	...	...	23'8	7'9	7'9	31'7	71'4	...	47'6 31'75	7'9	317'5	1,079'4 } 39'68	80'6	7'9	39'7	134'9	134'...
Landour .	193 {	...	...	...	5'2	264'2	...	...	5'2	...	20'7 5'18	...	20'7 10'36	31'1	20'7	10'4	20'7 10'36	5'2	269'4	1,015'5 } 25'91	69'8	20'7	46'6	103'6	98'...
Kasauli .	333 {	...	...	...	18'0 6'01	225'2	...	...	...	...	33'0	...	12'0 3'00	42'0	24'0 3'00	36'0	6'0	24'0	189'2	1,390'4 } 15'02	81'4	6'0	39'0	45'0	99'...
Dalhousie .	757 {	...	...	...	22'5 7'93	414'8	...	1'3	2'6 1'32	...	33'0	...	6'6 1'32	56'8	15'9	30'4	4'0 2'64	14'5	150'6	1,490'1 } 14'53	79'8	18'5	30'4	48'9	52'...
Murree .	138 {	...	...	...	21'7 7'25	94'2	7'2	...	...	7'25	...	29'0 21'74	...	...	...	7'2	...	14'5 21'74	108'7	413'0 } 57'97	183'8	21'7	58'0	7'2	21'...
Taragarh .	42 {	...	...	...	142'9 47'62	309'5	...	261'9	...	...	...	...	...	47'6	47'6	23'8	...	71'4	523'8	2,142'9 } 47'62	126'9	47'6	190'5	142'9	142'...
Mount Abu .	65 {	...	...	...	15'4 15'38	338'5	...	...	...	...	30'8	15'4	...	...	46'2	...	...	123'1	369'2	1,553'8 } 15'38	130'6	61'5	...	200'0	107'...
Pachmarhi .	124 {	16'1	...	...	16'1 8'06	427'4	32'3 8'06	...	...	...	...	...	...	...	86'6	...	...	8'1	88'7	935'5 } 24'19	52'7	8'1	32'3	8'1	40'...

\* Derived from the aggregates.

† Worked on the aggregates.



STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE.						3. CONSTANTLY - SICK-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.		
Purandhur .	121 {	...	...	...	24'8 8'26	190'1	...	8'3	...	...	33'1	...	8'3 8'26	16'5	24'8	8'3	...	8'3	90'9	677'7 16'53	42'6	...	8'3	57'9	24'8		
Khandalla .	63 {	...	...	...	...	254'0	15'9	...	...	...	31'7	15'9 15'87	...	...	15'9 15'87	15'9	...	15'9	333'3	1,095'2 31'75	98'6	15'9	79'4	127'0	111'1		
Wellington.	942 {	6'4	...	...	22'3 2'12	134'8	15'9	7'4	1'1	1'1	35'0 1'06	2'1	4'2 1'06	23'4	21'2	2'1	2'1	21'2	194'3	988'3 9'55	56'2	18'0	23'4	56'3	96'6		
GROUP XII b.— Hill Con- valescent Depôts and Sanitaria.	* 3,229 {	2'5	...	...	19'5 5'57	228'6	8'7 3'1	6'8	1'2 3'1	3	26'9 6'2	3'7 1'24	6'2 1'86	30'7	26'0 6'2	15'2	6'8 5'26	21'7	206'9 6'2	1,151'7 18'27	† 75'9	18'0	37'8	65'3 6'2	85'8		
Troops marching, Bengal.	728 {	1'4	...	...	12'4	107'1	1'4	...	...	...	6'9	...	5'5	12'4	19'2	8'2	...	13'7	252'7	681'3 1'37	3'8	26'1	104'4	34'3	87'9		
Troops marching, Punjab.	615 {	...	...	...	8'1	92'7	4'9	3'3	...	4'9 1'63	8'1	...	35'8	16'3	11'4	6'5	...	3'3	175'6	551'2 6'50	3'2	40'7	35'8	13'0	86'2		
Troops marching, Madras.	334 {	...	...	...	12'0 5'99	134'7	...	24'0	...	9'0 5'99	...	...	6'0	3'0	9'0	3'0	...	6'0	203'6	691'6 23'95	25'3	47'9	35'9	24'0	95'8		
Troops marching, Bombay.	37 {	...	...	...	...	297'3	...	...	...	...	...	27'03	...	27'0	...	...	...	...	81'1	594'6 54'05	9'5	...	...	...	81'1		
Delhi Ma- nœuvres and Durbar Force.	1,638 {	...	...	...	20'8 5'49	320'5	4'3 6'1	1'8	...	6	4'3	...	23'2 1'22	40'9	47'6	32'4	...	6'1	229'5	1,071'4 9'77	20'1	23'2	78'8	26'9	100'7		
Deolali Depôt	941 {	...	...	...	12'8 4'25	141'3	3'2	3'2	1'1	1'1	61'6 2'13	39'3 3'19	8'5 2'13	36'1	18'1 1'06	19'1 1'06	13'8 1'06	7'4	400'6 2'13	1,153'0 24'44	66'0	130'7	7'4	129'6 2'13	132'8		
Poonamallee Depôt.	142 {	...	...	...	...	56'3	7'0	28'2	...	...	77'5	28'2	...	70'4 7'04	98'6	...	14'1	49'3	239'4 14'08	1,281'7 21'13	435'4	7'0	...	204'2 14'08	28'2		
EXTRA INDIA Aden .	1,071 {	...	...	...	7'5 2'80	161'5	...	62'6	...	1'9 93	71'9 3'73	4'7	3'7 1'87	32'7	21'5	6'5	1'9 1'87	29'9	160'6	1,194'2 15'87	65'8	16'8	23'3	34'5	85'9		
India .	* 60,540 {	1'8 0'02 1	0'05 0'05 ...	4 0'07 ...	16'7 4'29 2'5	247'1 50 8'8	6'7 20 5	14'0	6 0'02 1	2'8 76 1	16'5 1'01 1'6	3'4 59 6	5'9 97 5	22'5 25 1'2	20'4 69 1'4	12'9 05 5	3'3 1'85 4	15'1 12 9	281'4 25 23'6	1,078'4 14'68 66'0	† 66'0	35'2 3'5	71'9 6'0	49'9 4'8	124'5 25 9'3		
BENGAL .	* 17,765 {	2'8 0'06	2 17	3 11	17'2 4'00	229'4 45	8'9 0'06	13'1	4	2'5 84	14'3 62	2'6 73	3'0 73	21'2 17	26'1 96	15'9 06	4'8 2'98	14'4 06	299'4 11	1,063'1 15'31	† 71'3	32'6	80'0	41'3 11	145'3		
PUNJAB .	* 15,636 {	4	...	4	18'0 5'05	279'4 38	9'7 32	8'4	1'0 06	5'2 1'02	13'8 45	3'3 64	10'2 1'53	25'3 26	13'9 70	14'6	2'0 1'15	15'6 13	217'5 13	1,050'4 14'07	† 61'6	29'2	47'6	46'8 13	93'9		
MADRAS .	* 11,097 {	3'5	...	4	8'7 1'71	185'4 99	5'0 09	15'1	7	1'7 45	13'6 54	2'4	2'4	18'8 18	20'6 18	4'8	2'6 1'17	14'1 18	343'4 36	1,082'9 8'92	† 69'6	47'8	88'7	67'6 36	139'4		
BOMBAY .	* 14,404 {	8	...	5	20'4 5'69	273'2 35	2'4 28	21'6	3	1'7 69	25'9 2'57	5'5 90	5'6 1'18	21'8 42	17'4 83	11'6 14	3'5 1'94	17'4 14	286'7 49	1,125'1 19'58	† 66'7	36'4	74'4	52'7 49	123'3		
Rawalpindi; Secunderabad Quetta	2,377 2,036 2,336	1 1 ...	...	1 ...	1'9 1'4 4'8	14'5 4'2 5'4	5 7 1	1 1'1 2'4	1 5 ...	2 1 ...	1'7 1'8 1'1	1'0 7 5	1'8 1 1'1	8 1'2 1'5	1'5 1'4 1'2	5 2 5	3 3 3	3 1'3 1'1	34'2 31'5 16'8	82'1 73'0 60'6	82'1 73'0 60'6	6'1 6'1 1'1	8'4 6'8 6'1	7'9 7'3 3'1	11'9 11'4 6'6		

\* Derived from the aggregates.

† Worked on the aggregates.

‡ Constantly-sick-rate per 1,000 by diseases at the largest stations.



# EUROPEAN TROOPS, 1902.

## TABLE IV.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I-III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.				3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.	Tænia.	Other Entozoa.	
Port Blair . . .	137	...	...	...	...	24	7	11	2	...	1	...	...	1	...	...	...	1	98	...	5	5	...	3	1		
Rangoon . . .	907	...	4	...	4	134	1	23	...	1	6	3	...	22	43	8	4	10	437	1,099	12	199	78	148	1		
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,044*	...	4	...	4	158	8	34	2	1	7	3	...	23	44	8	5	11	450	1,197	12	204	83	151	2		
Thayetmyo . . .	231	...	...	1	1	16	...	...	...	...	1	...	...	5	3	1	...	2	78	306	5	32	8	33	...		
Meiktila . . .	282	...	...	...	3	84	...	1	...	1	13	2	1	5	2	4	...	2	94	320	12	30	20	32	...		
Fort Dufferin . .	614	...	...	...	3	700	1	...	...	...	3	1	1	10	24	...	...	15	174	1,252	34	57	25	58	3		
Shwebo . . .	504	...	6	...	...	62	2	8	...	...	9	1	...	9	7	3	1	4	113	447	11	25	31	46	...		
GROUP II.—BURMA INLAND.	1,631*	...	6	...	7	862	3	9	...	1	26	4	2	29	36	8	1	23	459	2,325	62	144	84	169	3		
Fort William . .	992	...	9	1	...	286	95	1	...	2	11	2	2	17	21	3	5	13	506	1,337	33	182	54	237	3		
Fort Fulta . . .	24	...	...	...	...	3	...	...	...	...	...	...	...	...	2	...	...	...	14	24	2	2	...	10	...		
Fort Chingrikhal .	43	...	...	...	...	3	3	...	...	...	...	...	...	1	...	...	...	1	10	21	2	4	2	2	...		
Dum-Dum . . .	407	...	...	...	8	73	1	...	1	...	2	4	...	10	31	7	8	12	106	347	7	37	14	48	...		
Barrackpore . . .	343	...	...	...	6	105	...	...	1	...	4	...	3	21	81	13	18	23	112	504	5	52	18	37	1		
GROUP IV.—BENGAL AND ORISSA.	1,809*	...	9	1	...	470	99	1	2	2	17	6	5	49	135	23	31	49	748	2,233	49	277	88	334	4		
B																											
Dinapore . . .	563	...	2	...	3	83	1	9	...	1	4	3	3	25	11	22	...	3	170	545	15	30	23	102	2		
Benares . . .	205	...	...	...	2	64	1	6	...	1	...	...	...	3	1	1	1	3	69	251	18	9	4	38	1		
Allahabad . . .	804	...	...	...	11	293	1	...	...	2	27	2	1	13	10	4	5	10	221	944	5	77	44	95	9		
Fort Allahabad . .	194	...	...	...	2	62	2	...	...	...	1	3	1	2	3	4	...	4	48	196	3	20	5	20	...		
Fyzabad . . .	653	...	...	...	19	91	...	...	...	2	11	...	1	4	15	9	1	10	332	806	114	9	35	174	1		
Sitapur . . .	460	...	...	...	4	105	7	3	...	...	1	...	1	...	4	11	1	2	138	460	4	74	12	48	...		
Lucknow . . .	1,930	...	3	...	55	332	4	26	2	10	19	4	6	69	53	47	4	27	445	1,894	16	61	63	305	9		
Cawnpore . . .	482	...	2	...	9	184	2	24	...	2	5	5	...	9	11	3	2	11	90	611	32	...	20	38	2		
Fatehgarh . . .	163	...	...	...	2	45	1	2	...	...	3	2	...	...	3	1	2	5	55	159	7	26	4	18	...		
GROUP V.—GANGETIC PLAIN AND CHUTIA NAOPUR.	5,454*	...	5	2	3	107	1,259	19	70	2	18	71	19	125	111	102	16	75	1,568	5,866	214	306	210	838	24		

\* Derived from the aggregates.



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tania.	Other Eutozoa.		
A																												
Shahjahanpur . . .	523 {	...	...	...	11 2	90 2	4 34	2 17	...	4 1	7 22	...	2 14	6 21	5 63	2 17	3 43	2 16	165 14'71	500 32'65	10 1'60	25 2'18	9 1'25	121 9'68	2 '03	...		
Bareilly . . .	974 {	...	...	...	23 3	60 2'66	...	79 4'79	...	1 1	25 1'86	1 '06	2 16	14 1'33	18 1'55	5 '32	3 '56	7 '60	206 19'95	766 68'30	28 2'31	15 1'40	39 4'23	124 12'01	...	...		
Roorkee . . .	389 {	...	...	...	8 5	61 2'29	1 20	2 15	...	...	9 1'04	2 '32	...	10 '48	2 '09	4 '09	1 '08	3 '06	121 11'95	353 26'21	13 1'90	46 4'13	9 '64	53 5'28	...	...		
Meerut . . .	1,379 {	...	...	3 1	43 12	357 5'96	4 37	11 '94	1 33	...	12 2'75	3 1'22	5 '59	30 1'89	32 2'79	12 '41	2 1'54	15 '92	310 33'69	1,489 113'04	31 3'74	69 8'14	41 8'05	169 13'76	...	...		
Delhi . . .	283 {	...	...	...	1 35	197 8'50	1 '09	...	...	1 '01	6 '88	1 '31	1 '13	10 '91	1 '04	2 '09	...	8 '51	57 6'14	448 27'65	9 '99	13 '97	19 2'14	16 2'04	1 '07	...		
Umballa . . .	1,274 {	1 '03	...	...	55 9	268 8'50	...	11 '45	1 '02	...	11 '78	...	10 '99	35 1'92	21 1'36	30 '83	3 '37	16 1'25	226 18'87	1,258 72'98	38 3'51	38 2'69	36 3'61	114 9'06	4 '10	...		
B																												
Allahabad . . .	510 {	...	...	...	2 64	103 3'93	...	2 15	...	2 '03	7 '81	6 '16	1 '02	4 '19	7 '44	2 '07	...	6 '35	111 9'56	446 26'82	15 1'06	17 1'63	21 1'99	58 4'88	1 '02	...		
Ferozepore . . .	886 {	...	...	...	4 26	636 27'17	...	21 1'43	1 '08	5 '28	3 '59	...	9 '48	23 '77	16 1'06	13 '32	...	7 '34	195 14'36	1,245 63'61	27 1'94	21 1'26	42 2'85	105 8'31	1 '02	...		
Amritsar . . .	238 {	...	...	...	1 25	112 2'71	5 '36	...	...	1 '02	...	...	2 '13	...	3 '20	2 '04	...	...	35 2'32	203 8'47	4 '23	1 '17	9 '82	21 1'10	...	...		
Mecan Meer . . .	731 {	...	...	2 10	11 1'54	193 8'85	4 '14	34 1'10	1 '27	15 '39	3 '19	9 '68	5 '66	15 1'81	9 '41	9 '43	2 '10	76 2'89	152 11'37	892 48'50	8 '92	42 3'82	34 2'55	68 4'08	2 '05	...		
Fort Lahore . . .	115 {	...	...	...	4 18	105 2'17	2 '12	...	...	2 '03	1 '03	...	1 '05	2 '09	1 '02	4 '07	...	1 '06	17 1'23	186 5'29	2 '08	4 '21	7 '75	4 '19	...	...		
Sialkot . . .	1,126 {	...	...	...	31 10	172 5'37	42 3'64	...	1 '12	8 '18	8 '99	1 '17	9 '70	31 1'38	8 '53	17 '86	2 '23	8 '26	282 25'17	1,102 67'58	21 2'26	89 10'25	38 4'29	134 8'57	4 '06	1		
Rawalpindi . . .	2,377 {	5 12	...	1 12	44 4'62	834 34'54	14 1'23	4 '31	3 '14	13 '50	40 4'04	15 2'29	43 4'28	46 1'88	38 3'47	19 1'28	3 '66	19 '78	739 81'35	2,752 195'25	106 14'42	199 19'94	161 18'67	273 28'32	3 '09	...		
Campbellpur . . .	263 {	...	...	1 15	2 43	22 '77	...	...	...	...	6 '55	1 '33	8 '99	4 '45	2 '12	1 '04	...	8 '70	65 7'73	221 20'41	4 '46	22 3'26	16 1'20	23 2'81	1 '01	...		
Attock . . .	214 {	...	...	...	5 3	200 6'25	8 '48	...	...	5 '15	2 '13	...	4 '19	5 '14	10 '51	6 '20	...	2 '09	67 5'63	392 18'24	3 '19	25 2'49	5 '35	34 2'60	...	...		
GROUP VI.—UPPER SUB-HIMALAYA.	11,281 {	6 15	...	7 61	245 33'24	3,410 131'80	85 7'00	166 9'49	8 1'43	57 1'77	140 14'86	39 6'01	102 9'60	235 13'50	173 13'22	128 5'27	19 3'97	178 9'01	2,748 264'03	12,253 795'00	319 35'61	626 62'54	486 53'39	1,317 112'49	19 4'45	2		
A																												
Nowshera . . .	529 {	...	...	1 14	2 39	217 5'53	6 '27	19 '45	...	4 '08	13 '65	2 '78	11 '93	6 '32	3 '29	4 '07	2 '24	11 '66	117 9'35	661 32'35	16 1'27	10 '66	30 2'93	61 4'49	1 '01	...		
Peshawar . . .	1,445 {	...	...	1 12	20 2'15	516 15'49	25 1'50	2 '19	...	8 '23	22 3'64	7 '56	6 '55	36 2'69	17 '56	6 '16	3 '27	6 '23	234 21'53	1,306 76'43	5 1'83	67 4'10	35 5'10	127 10'50	...	...		
Mooltan . . .	734 {	...	...	...	16 2	192 5'23	...	3 '28	1 '07	12 '52	11 '65	2 '22	4 '20	40 1'07	7 '27	13 '32	4 '63	12 '52	255 23'16	942 49'78	65 7'54	33 3'28	42 3'34	115 9'00	3 '14	...		
C																												
Hyderabad . . .	458 {	...	...	...	2 1	163 3'71	1 '08	...	...	1 '02	10 '83	...	1 '06	14 '51	8 '62	3 '08	...	27 1'22	120 9'37	610 27'50	35 2'32	12 1'08	23 1'85	50 4'12	...	...		
Kurrachee . . .	1,095 {	...	...	1 11	5 54	556 13'10	2 '09	...	...	3 '11	21 2'32	4 '70	3 '16	7 '43	27 1'00	2 '14	4 '66	21 1'22	310 28'00	1,379 66'24	29 3'33	111 10'20	62 5'52	108 8'95	8 '15	1		
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND N. W. RAJPUTANA.	4,260 {	...	...	3 38	45 5'77	1,644 43'06	34 1'94	24 '92	1 '07	28 '96	77 8'09	15 2'26	25 1'90	103 5'02	62 2'74	28 '77	13 1'80	77 3'85	1,036 91'41	4,893 251'30	150 16'29	233 19'32	192 18'74	461 37'06	12 '30	1		

\* Derived from the aggregates.



## EUROPEAN TROOPS, 1902.

TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.											2. DEATHS.			3. CONSTANTLY SICK.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.	Tania.	Other Entozoa.	
Deesa A	311	...	...	...	4	279	...	3	...	2	3	1	3	6	1	3	...	3	146	565	6	62	25	53	1	...	
Ahmedabad	226	...	...	...	...	135	...	...	...	...	5	...	...	5	...	3	...	6	96	321	11	18	18	49	...	...	
Neemuch B	237	...	...	...	2	79	...	...	1	...	2	...	1	7	5	4	...	1	85	296	10	15	14	46	...	...	
Nasirabad	370	...	...	...	18	126	4	...	...	...	5	2	2	5	5	9	1	13	123	504	11	47	26	39	...	...	
Muttra	29	...	...	...	...	5	...	...	...	...	...	...	...	2	...	...	...	...	16	41	1	6	1	8	...	...	
Agra	1,019	...	...	...	4	315	32	...	4	11	2	2	33	11	9	3	8	355	1,180	33	99	60	163	1	...	...	
Jhansi	747	...	...	...	10	292	...	2	...	4	3	5	3	13	11	5	1	8	307	955	12	115	26	154	3	...	...
Nowgong	203	...	...	...	2	26	...	11	...	8	6	...	...	...	3	1	2	1	65	199	1	53	2	9	...	...	
Indore	115	...	...	...	1	46	6	2	...	...	...	1	...	1	4	...	1	4	43	169	9	6	15	13	1	...	...
Mhow	1,062	5	...	1	37	587	6	40	1	...	29	...	5	27	30	16	4	22	262	1,559	27	64	66	105	1	...	...
GROUP VIII—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,320*	5	...	1	79	1,890	18	90	2	18	63	11	16	99	70	50	12	66	1,498	5,789	121	485	253	639	7	...	...
Saugor A	258	...	...	...	...	226	5	...	...	4	3	1	1	8	2	3	...	4	82	407	4	29	12	37	1	...	...
Jubbulpore	566	...	...	...	21	202	10	6	...	1	3	...	4	4	29	7	1	13	229	733	8	116	26	79	1	...	...
Kamptee	705	...	...	...	2	199	10	...	12	21	4	6	14	10	17	4	5	330	989	70	103	52	105	1	...	...	
Sitabaldi	60	...	...	...	...	18	...	12	...	1	4	...	...	7	4	4	...	3	20	127	3	8	...	9	...	...	...
Secunderabad B	2,036	9	...	1	18	213	14	64	4	8	36	10	3	53	45	14	8	39	855	2,303	148	180	176	351	7	...	...
Belgam	1,203	...	...	...	9	230	1	...	...	12	...	2	14	18	2	2	14	456	1,261	120	27	105	204	17	...	...	
Satara	135	...	...	...	...	16	...	2	...	...	3	...	...	3	1	2	...	3	43	93	2	9	7	25	...	...	...
Poona	1,879	1	...	...	35	427	1	28	...	1	44	5	3	34	29	24	9	20	644	1,856	27	226	74	317	...	...	...
Kirkee	755	2	...	2	53	311	...	...	1	...	9	2	...	6	16	1	2	3	231	960	22	43	57	109	2	...	...
Ahmednagar	998	1	...	...	21	192	...	10	...	...	34	2	1	17	3	7	2	11	303	1,105	53	33	40	177	2	...	...
GROUP IX.—DECCAN	8,594*	13	...	3	159	2,034	31	132	5	24	169	24	20	160	157	81	28	115	3,193	9,834	457	774	549	1,413	34	...	...
Colaba	1,322	2	...	...	7	154	8	12	...	2	13	4	11	15	14	4	3	20	326	928	43	105	27	151	1	...	...
Cannanore	74	...	...	...	1	10	...	...	...	...	...	...	...	4	...	1	...	3	51	115	6	21	5	19	...	...	...
Calicut	69	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	53	3	5	9	3	...	...	...
Mallapuram	127	...	...	...	4	4	...	...	...	1	1	...	...	...	...	...	...	2	18	86	3	...	6	9	...	...	...
GROUP X—WESTERN COAST.	1,593*	2	...	...	8	168	12	12	...	3	14	4	11	19	15	5	3	25	415	1,182	55	131	47	182	1	...	...

\* Derived from the aggregates.



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.	Tænia.	Other Entozoa.
A																										
lary . . .	633	2 03	...	2 03	6 84	97 3'27	7 1'04	6 20	...	1 09	10 79	1 ...	3 22	12 77	10 38	...	4 16	3 11	205 17'87	577 34'79	42 5'09	34 1'92	45 4'01	84 6'85	...	3 ...
ngalore . . .	1,498	7 10	...	...	18 219	208 6'38	3 1'12	6 37	1 10	1 03	9 97	1 54	10 74	11 93	25 1'28	14 34	4 29	21 1'00	573 40'52	1,451 79'94	44 4'31	218 15'49	86 7'41	225 13'31	...	2 7
B																										
ichinopoly . . .	462	...	...	...	...	29 1'01	...	3 11	...	...	5 86	...	...	7 64	3 50	1 04	...	2 08	115 11'11	360 27'82	11 1'15	26 3'14	21 1'65	57 5'17	...	...
llavaram . . .	13	...	...	...	...	2 03	...	...	...	...	...	...	...	1 01	...	...	...	...	5 13	20 50	...	2 09	...	3 04	...	...
Thomas' Mount	354	...	...	...	1 21	37 1'29	...	7 34	...	...	1 62	2 78	...	8 41	5 61	2 07	...	5 34	84 8'01	334 23'29	21 2'47	22 2'05	5 50	36 2'99	...	...
dras . . .	535	5 22	...	...	8 1'30	27 73	...	20 56	...	2 04	...	...	1 09	14 34	5 18	...	1 10	5 26	235 7'41	591 19'74	24 8'1	67 1'29	35 2'30	109 3'01	1 01	1 07
GROUP XI.—SOUTH- ERN INDIA.	3,495	14 35	...	2 03	33 4'54	400 12'71	10 1'16	42 1'58	1 10	4 16	25 3'24	4 1'32	14 1'05	53 3'10	48 2'95	17 45	9 55	36 1'79	1,217 85'05	3,333 186'08	142 13'83	369 23'98	192 15'87	514 31'37	1 01	6 14
nikhet . . .	949	...	...	...	25 3'64	34 1'93	...	7 94	...	...	2 1'48	...	2 52	6 33	10 1'00	22 31	1 1	5 1'28	288 19'49	679 57'07	11 5'59	70 4'96	22 3'02	185 10'92	1 01	5 95
im Tal . . .	130	...	...	...	3 23	29 72	1 02	...	...	...	1 08	...	...	2 06	...	3 12	...	1 02	21 1'14	87 3'55	2 13	3 04	4 22	12 75	...	...
aubuttia . . .	275	31 1'04	...	...	7 08	19 94	...	...	...	...	1 05	...	1 01	4 20	...	27 1'21	...	...	43 2'70	265 14'06	3 13	4 30	8 47	28 1'80	...	...
akrata . . .	967	...	...	...	8 1'50	199 6'94	...	...	1 16	...	62 7'00	2 20	3 57	34 2'12	28 2'12	24 67	2 05	20 1'19	296 30'27	1,197 80'99	112 12'30	45 5'30	50 6'87	89 5'80	...	17
bong . . .	315	2 03	...	...	...	21 1'12	...	8 30	...	...	...	1 04	...	1 01	17 90	17 56	5 1'52	10 20	42 4'37	194 13'60	5 32	13 1'47	12 1'70	12 88	2 02	...
olon . . .	36	...	...	...	...	1 01	2 18	1 01	...	...	...	...	1 06	...	2 11	...	...	2 15	4 24	45 1'58	...	2 09	...	2 15	1 02	...
agshai . . .	455	...	...	...	...	49 2'02	8 60	2 07	1 28	...	2 14	...	3 26	29 1'90	2 23	24 68	1 28	2 25	47 5'96	487 29'13	5 1'44	7 55	8 1'24	27 2'73	2 05	...
abathu . . .	334	...	...	...	4 46	65 2'18	...	2 05	...	...	12 61	...	...	5 16	4 11	4 05	2 10	8 26	36 2'35	273 13'92	5 35	1 03	9 87	21 1'10	2 23	...
atogh . . .	242	...	...	...	4 63	20 1'60	...	1 03	1 07	1 13	2 09	...	3 53	5 17	1 16	3 04	...	11 98	65 4'52	248 13'39	18 1'24	13 84	18 1'19	16 1'25	1 01	...
hyragully . . .	60	...	...	...	...	2 04	...	...	1 09	...	2 11	1 09	1 10	2 08	1 04	...	...	...	18 1'63	57 3'78	1 07	3 18	10 91	4 47	...	...
aragully . . .	52	...	...	...	...	...	...	1 03	...	1 08	...	...	...	3 12	...	...	...	...	9 49	25 1'40	1 06	3 24	4 14	1 05	...	...
uldunnah . . .	373	...	...	...	...	7 12	2 20	2 10	1 04	...	8 49	1 91	...	5 52	2 06	17 42	1 02	3 12	83 7'89	240 16'33	8 72	10 88	48 5'20	17 1'09	...	...
alabagh . . .	57	...	...	...	...	...	...	1 02	...	1 08	...	...	...	...	1 12	...	...	...	15 75	40 1'87	1 06	1 03	11 53	2 13	...	...
amp Gharial . . .	458	...	...	...	6 41	53 1'25	5 56	3 05	...	1 01	5 17	1 05	3 20	14 52	1 05	5 12	1 25	8 28	86 7'55	400 19'48	14 1'15	12 1'14	32 2'90	28 2'36	3 07	...
, Thobba . . .	246	...	...	...	1 02	51 1'85	1 04	...	...	...	8 42	...	2 07	10 47	4 36	3 05	2 13	4 21	67 4'61	290 14'64	18 1'29	4 18	22 1'47	23 1'67	1 02	4 31
, Lower Topa . . .	99	1 62	...	...	5 48	17 59	...	1 04	...	2 03	...	...	...	2 06	...	2 1	...	...	47 2'88	140 6'79	9 31	19 1'45	14 94	5 18	...	...
Khanspur . . .	406	...	...	...	...	5 76	30 74	3 20	...	...	3 23	...	2 05	1 08	13 1'14	2 05	...	4 17	46 3'70	155 9'32	1 13	10 74	5 47	30 2'36	...	...
Kakool . . .	203	...	...	...	...	21 8	34 1'58	19 1'02	...	...	2 10	1 53	1 27	3 04	11 96	2 09	...	1 13	50 3'13	211 12'97	16 1'32	18 84	5 19	11 78	2 02	...
herat . . .	331	...	...	...	7 1'17	10 1'30	20 1'26	...	...	...	3 46	1 28	...	2 01	6 26	...	1 21	3 57	33 3'37	220 18'62	1 06	7 52	9 2'05	16 74	...	...

\* Derived from the aggregates.



## EUROPEAN TROOPS, 1902.

TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.					3. CONSTANTLY SICK.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tania.	Other Entozoa.				
Quetta . . . .	2,336 {	...	...	3	77	256	2	110	...	...	28	10	31	72	44	40	6	37	418	2,017	18	163	60	177	2	...				
		...	...	23	11'20	12'53	21	5'53	...	...	2'54	1'24	2'47	3'47	2'81	1'24	8'0	2'53	39'35	141'58	2'50	14'21	7'31	15'33	0'02	...				
GROUP XIIa.—HILL STATIONS.	8,324 {	34	...	3	173	897	45	157	7	4	142	18	53	200	147	195	22	122	1,714	7,270	249	408	351	706	17	...				
		1'09	...	23	25'27	36'46	3'29	8'18	8'0	1'17	13'98	3'34	5'12	10'57	10'78	5'74	3'36	8'39	146'39	474'07	24'17	33'99	37'69	50'54	4'47	1'...				
Darjeeling . . .	324 {	...	...	...	3	13	5	2	...	...	3	3	1	6	12	6	5	13	112	350	9	24	33	46	...	...				
		...	...	...	64	1'20	31	09	...	...	50	13	25	33	81	30	20	83	9'85	23'93	1'05	2'33	2'80	3'67	...	...				
Naini Tal . . .	126 {	...	...	...	1	18	2	...	...	...	3	1	1	4	9	...	6	1	40	136	1	5	17	17	...	...				
		...	...	...	55	40	36	...	...	...	22	06	14	28	46	...	1'29	02	3'77	10'16	1'10	58	1'44	1'65	...	...				
Landour . . . .	193 {	...	...	...	1	51	...	...	1	...	4	...	4	6	4	2	4	1	52	196	4	9	20	19	...	...				
		...	...	...	21	1'91	02	...	08	...	50	...	49	19	19	11	41	10	4'75	13'47	73	1'61	1'44	97	...	...				
Kasauli . . . .	333 {	...	...	...	6	75	...	...	...	...	11	...	4	14	8	12	2	8	63	463	2	13	15	33	1	...				
		...	...	...	86	4'14	...	...	...	...	27	...	34	84	98	36	51	32	4'46	27'11	24	95	1'15	2'12	06	...				
Dalhousie . . .	757 {	...	...	...	17	314	...	1	2	...	25	...	5	43	12	23	3	11	114	1,128	14	23	37	40	...	...				
		...	...	...	6	...	...	...	1	...	...	...	1	...	...	...	2	...	1	11	...	...	...	...	...	...				
		...	...	...	2'35	11'00	...	17	06	23	2'41	...	30	1'61	60	1'00	37	79	9'89	60'40	1'69	1'60	3'24	3'36	...	...				
Murree . . . .	138 {	...	...	...	3	13	1	...	...	...	...	4	...	...	...	1	...	2	15	57	3	8	1	3	...	...				
		...	...	...	1	...	...	...	...	1	...	3	...	...	...	...	3	21	4'75	25'37	69	1'25	2'47	34	...	...				
		...	...	...	3'22	3'93	80	34	02	31	15	2'27	38	13	25	02	26	21	...	...	...	...	...	...	...	...				
Taragarh . . .	42 {	...	...	...	6	13	...	11	...	...	...	...	...	2	2	1	...	3	22	90	2	8	6	6	...	...				
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...				
		...	...	...	72	42	...	36	...	...	...	...	...	...	06	25	02	...	07	1'37	5'33	08	55	52	22	...				
Mount Abu . . .	65 {	...	...	...	1	22	...	...	...	...	2	1	...	...	3	...	...	8	24	101	4	...	13	7	...	...				
		...	...	...	14	80	...	...	...	...	17	12	...	...	23	...	...	83	2'43	8'49	38	...	1'35	70	...	...				
Pachmarhi . . .	124 {	2	...	...	2	53	4	...	...	...	...	...	...	...	10	...	...	1	11	116	1	4	1	5	...	...				
		04	...	...	47	1'79	39	...	...	...	...	...	...	...	65	...	...	02	1'46	6'54	24	41	51	30	...	...				
Porandhur . . .	121 {	...	...	...	3	23	...	1	...	...	4	...	1	2	3	1	...	1	11	82	...	1	7	3	...	...				
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	40	49	33	...	...				
		...	...	...	36	80	...	01	...	...	21	...	01	10	10	03	...	14	1'22	5'16	...	40	49	33	...	...				
Khandalla . . .	63 {	...	...	...	...	16	1	...	...	...	2	1	...	...	1	1	...	1	21	69	1	5	8	7	...	...				
		...	...	...	...	65	07	...	...	...	08	13	...	...	17	05	...	05	3'38	6'21	20	1'87	84	37	...	...				
Wellington . . .	942 {	6	...	...	21	127	15	7	1	1	33	2	4	22	20	2	2	20	183	931	17	22	53	91	...	...				
		26	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	9	1'18	1'89	5'21	5'35	...	...				
		...	...	...	2'56	4'24	1'11	61	01	02	1'25	07	15	92	1'12	03	16	1'14	13'63	52'91	...	...	...	...	...	...				
GROUP XIIb.—HILL CONVALESCENT DEPÔTS, AND SANITARIA.	3,229 {	8	...	...	63	738	28	22	4	1	87	12	20	99	84	49	22	70	668	3,719	58	122	211	277	1	...				
		30	...	...	18	...	1	...	1	1	2	4	6	...	2	...	17	...	2	59	6'58	...	21'46	19'38	06	...				
		...	...	...	12'08	31'28	3'06	1'58	1'17	56	5'76	2'78	2'07	4'46	5'81	1'92	3'20	4'52	60'86	245'08	...	...	...	...	...	...				
Troops marching, Bengal.	728 {	1	...	...	9	78	1	...	...	...	5	...	4	9	14	6	...	10	184	496	19	76	25	64	...	...				
		01	...	...	04	39	01	...	...	...	15	...	02	06	09	05	...	06	83	2'74	15	29	13	26	...	...				
Troops marching, Punjab.	615 {	...	...	...	5	57	3	2	...	...	3	5	...	22	10	7	4	...	108	339	25	22	8	53	...	...				
		...	...	...	02	22	02	...	...	01	04	02	...	10	03	03	03	...	89	1'97	27	17	17	28	...	...				
Troops marching, Madras.	334 {	...	...	...	4	45	...	8	...	...	3	...	2	1	3	1	...	2	68	231	16	12	8	32	...	...				
		...	...	...	2	...	...	...	...	02	...	...	...	...	13	01	06	...	03	4'07	8'44	1'52	80	28	1'47	...	...			
Troops marching, Bombay.	37 {	...	...	...	...	11	...	...	...	...	...	...	...	1	...	...	...	...	3	22	...	...	...	3	...	...				
		...	...	...	...	13	...	...	...	...	...	...	...	05	...	...	...	...	06	35	...	...	...	06	...	...				
Delhi Manœuvres and Durbar Force.	1,638 {	...	...	...	34	525	7	3	...	1	7	...	38	67	78	53	...	10	376	1,755	38	129	44	165	5	...				
		...	...	...	9	...	1	...	...	...	...	...	2	...	...	...	...	...	16	...	90	2'22	75	3'01	06	...				
		...	...	...	1'44	7'14	18	02	...	02	15	...	1'23	1'27	2'05	82	...	19	6'88	32'85	...	...	...	...	...	...				
Deolali Depôt . .	941 {	...	...	...	12	133	3	3	1	1	58	37	8	34	17	18	13	7	377	1,085	123	7	122	125	...	...				
		...	...	...	4	...	2	...	...	...	2	3	2	...	1	1	...	...	2	23	...	...	...	...	...	...				
		...	...	...	1'22	5'71	12	23	02	02	2'23	4'70	70	1'36	1'40	46	90	36	25'98	62'09	8'26	50	9'52	7'70	...	...				
Poonamallee Depôt .	142 {	...	...	...	...	8	1	4	...	...	11	4	...	10	14	...	2	7	34	182	1	...	29	4	...	...				
		...	...	...	...	2'17	33	43	07	...	2'84	2'56	15	2'61	2'65	...	36	1'52	25'99	61'83	2'52	2'98	11'98	8'51	...	...				

\* Derived from the aggregates.



STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.	Tania.	Other Entozoa.					
EXTRA INDIA.	1,071	...	...	...	8	173	...	67	...	2	77	5	4	35	23	7	2	32	172	1,279	18	25	37	92	4	2					
		...	...	...	3	...	...	...	...	1	4	...	2	...	...	...	...	...	...	17	...	...	...	...	...	...					
		...	...	...	81	8'42	...	3'09	...	0'01	4'47	1'00	1'15	1'48	1'13	2'28	...	2'77	11'69	70'48	1'52	2'08	3'01	5'08	1'18	2'20					
INDIA. † Remaining from 1901. Admitted . Died . Died out of Hospital. Constantly sick. Average duration of a case in days.	60,540	...	...	2	116	393	17	15	9	1	155	58	42	84	87	28	27	69	1,531	3,995	226	484	318	503	...	...					
		107	3	23	1,012	14,960	407	846	35	171	1,001	205	359	1,361	1,238	783	198	917	17,036	65,288	2,128	4,350	3,019	7,539	134	62					
		1	3	4	260	30	12	...	1	46	61	36	59	15	42	3	112	7	15	889	...	...	15	...	...	...					
		...	...	...	...	...	...	...	...	8	8	1	1	...	...	...	...	...	...	78	...	...	...	...	...	...					
		3'71	0'01	2'20	151'41	530'96	29'18	47'40	4'67	6'80	95'68	35'30	28'77	75'56	86'91	27'42	25'04	56'51	1,430'84	3,995'76	210'91	365'56	293'40	560'97	3'43	5'55					
		12'66	1'22	34'91	54'61	12'95	26'17	20'45	48'70	14'51	34'89	62'85	29'25	20'26	25'62	12'78	46'16	22'49	30'66	22'34	36'18	30'67	35'47	27'16	9'34	32'67					
BENGAL . . .	17,765	50	3	6	306	4,075	158	233	7	44	254	47	54	376	464	282	86	255	5,318	18,886	580	1,422	734	2,582	40	27					
		1'64	0'01	0'60	55'74	153'61	9'33	17'40	1'34	2'20	30'98	8'64	5'87	25'24	37'83	11'58	11'50	16'32	460'92	1,266'04	62'64	125'11	75'64	197'53	1'09	2'27					
PUNJAB . . .	15,636	7	...	6	281	4,368	152	131	16	82	216	52	160	395	217	228	32	244	3,401	16,424	456	744	732	1,469	33	5					
		1'17	...	0'64	36'37	158'09	11'65	6'28	1'69	3'18	18'75	9'65	12'84	19'75	15'05	7'78	4'63	12'66	300'69	953'78	46'80	65'44	73'58	114'87	98	56					
MADRAS . . .	11,097	39	...	4	97	2,057	56	168	8	19	151	27	27	209	229	53	29	157	3,811	12,017	530	984	750	1,547	30	24					
		1'37	...	0'35	13'90	125'38	4'88	8'51	1'32	0'46	16'91	6'42	2'09	12'66	15'66	1'30	2'83	10'90	316'01	772'80	53'04	76'35	72'63	113'99	69	225					
BARODA . . .	14,404	11	...	7	294	3,935	34	311	4	25	373	79	80	314	250	167	51	251	4,130	16,205	524	1,071	759	1,775	26	4					
		0'53	...	0'61	43'96	86'74	3'14	15'19	0'32	0'94	28'89	10'59	6'74	16'64	16'32	5'94	6'08	16'44	346'34	960'29	47'53	96'44	70'80	131'57	61	45					

GROUPS AND COMMANDS.		1. STRENGTH.					2. CONSTANTLY SICK.							TOTAL.
		Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
GROUP	I.—BURMA COAST AND BAY ISLANDS.	1,205	1,010	957	980	1,082	1,085	1,071	1,033	1,007	1,038	1,008	1,048	12,524
		96'68	60'00	53'55	46'33	71'58	66'13	69'10	84'10	85'70	77'10	63'07	51'93	825'27
"	II.—BURMA INLAND	2,152	1,242	650	573	1,599	2,006	2,008	1,982	1,936	1,946	1,915	1,564	19,573
		249'62	183'03	73'55	54'10	93'17	140'50	152'36	150'51	170'73	191'00	161'30	152'49	1,772'36
	IV.—BENGAL AND ORISSA.	2,254	2,154	1,694	1,635	1,550	1,620	1,769	1,791	1,768	1,909	1,535	2,025	21,704
		197'18	164'19	82'92	85'01	97'74	91'75	122'76	127'71	122'87	115'61	136'73	181'11	1,525'58
"	V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	4,471	5,562	5,272	5,519	4,974	4,900	5,161	5,434	5,608	6,177	6,101	6,270	65,449
		371'44	390'46	356'29	382'23	409'58	391'46	384'85	402'74	425'16	460'36	470'51	456'51	4,901'59
"	VI.—UPPER SUB-HIMA-LAYA.	12,917	14,016	13,854	12,050	9,738	9,343	9,118	9,158	9,398	12,244	12,347	11,188	135,371
		1,053'81	936'25	877'49	766'77	658'45	567'43	526'40	599'42	682'39	886'48	1,048'73	936'27	9,539'89
"	VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH WESTERN RAJ-PUTANA.	4,933	4,659	4,326	4,567	3,858	3,735	3,567	3,497	3,495	4,510	4,681	5,297	51,125
		350'33	303'10	205'42	207'17	206'42	199'74	212'06	217'23	210'71	252'57	321'97	340'90	3,027'62
"	VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,136	4,549	4,163	4,232	4,256	4,303	4,196	4,041	4,075	4,440	4,859	4,595	51,845
		549'52	408'65	299'86	301'60	301'51	291'60	247'90	261'83	316'38	359'09	425'56	422'68	4,186'18
"	IX.—DECCAN	7,676	7,411	7,416	8,223	8,512	8,563	8,630	8,523	8,519	9,734	9,844	10,073	103,124
		643'84	648'30	552'33	542'14	581'97	570'60	583'29	601'71	695'53	682'55	665'96	586'09	7,354'31

Note.—Constantly sick × 365 = total annual loss of service.

\* Derived from the aggregates.

† Remaining + admitted = total treated; remaining + admitted + died out of hospital = total cases.



# EUROPEAN TROOPS, 1902

## TABLE IV—concluded.

GROUPS AND COMMANDS.	I. STRENGTH.												TOTAL.
	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
GROUP X.—WESTERN COAST {	1,576 95'84	1,649 83'43	1,666 88'39	1,742 86'34	1,571 84'30	1,463 83'94	1,447 77'91	1,506 78'61	1,497 84'21	1,401 88'81	1,912 109'66	1,680 103'32	19,1 1,064
„ XI.—SOUTHERN INDIA {	3,166 200'71	3,201 167'07	2,912 145'91	2,907 126'92	2,938 137'84	3,009 142'07	3,119 158'55	3,376 159'23	4,572 229'46	4,336 242'54	4,110 244'49	4,299 278'04	41,9 2,232
„ XIIa.—HILL STATIONS {	2,271 149'74	2,373 138'96	5,023 236'52	7,826 415'34	12,982 692'23	13,999 792'58	14,048 795'87	13,920 774'92	13,254 742'45	7,881 471'78	3,489 258'00	2,825 220'42	99,8 5,688
„ XIIb.—HILL CONVALESCENT DEPÔTS, AND SANI- TARIA. {	829 46'02	693 36'66	1,855 104'01	4,533 268'48	5,188 388'63	5,410 416'51	5,243 437'06	4,963 429'63	4,670 385'50	3,121 234'85	1,164 107'61	1,074 85'93	38,7 2,940
INDIA . . . . {	57,976 4,265'40	56,132 3,784'01	55,407 3,354'39	58,261 3,462'93	60,274 3,881'78	60,955 3,917'21	60,870 3,926'72	60,859 4,045'78	61,628 4,298'47	63,496 4,288'57	65,189 4,467'13	65,439 4,256'68	726,4 47,949
BENGAL . . . . {	17,098 1,222'81	16,693 1,122'74	17,183 1,019'34	18,201 1,204'78	18,714 1,352'70	18,736 1,340'90	18,604 1,300'87	18,483 1,327'85	18,718 1,376'99	19,035 1,349'28	16,286 1,296'21	15,424 1,278'19	213,1 15,192
PUNJAB . . . . {	15,534 1,043'26	14,780 885'96	14,231 840'27	15,699 843'64	16,673 999'23	17,334 1,031'09	17,322 994'85	17,369 1,058'90	16,998 1,021'38	16,248 948'93	13,396 991'84	12,048 905'86	187,6 11,565
MADRAS . . . . {	10,684 962'00	9,976 823'41	9,685 631'70	10,337 603'92	10,714 647'95	11,004 697'52	11,060 761'40	10,933 747'49	12,122 852'47	12,395 886'28	12,027 817'78	12,233 841'67	133,1 9,273
BOMBAY . . . . {	14,660 1,037'33	14,683 951'90	14,304 863'08	14,024 810'59	14,173 881'90	13,881 847'70	13,884 869'60	14,074 911'54	13,785 1,047'63	14,785 1,099'51	16,080 1,204'42	14,513 998'26	172,8 11,523

## TABLE V.

*ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS. SANITARY DEFECTS, IMPROVEMENTS, and SUGGESTIONS, etc.*

The ratios of sickness and mortality will be found in Table III.

### BENGAL COMMAND.

**Barrackpore.**—The following defects have been brought forward: (1) The eastern and western parts of the cantonment are not drained, as a result of which the soil in these parts remains water-logged. There are two large drains running nearly north and south through the cantonment. The more westerly of these, owing to the nature of the soil, has a number of depressions in it, in which water stagnates between showers. The banks of the drain to the east are too steep and are apt to fall in and obstruct the drain. The *pucca* drains which carry off water from the wash-houses and barracks, all end in *kutchra* drains, in which the water stagnates. This matter is under consideration. (2) Part of the water of the wash-houses is allowed to run into plantain groves the soil of which does not absorb all the water; hence these places are always damp and unwholesome. (3) The wash-houses are badly lighted and the floors always damp and sloppy. Recommended that part of the louvres be removed, which is being done. The number of taps in the wash-houses has been lessened, but the men are careless and leave the taps open. The bathing cubicles are very dark, but will be improved by the louvres being opened out. (4) The latrines are old-fashioned heavy structures, ill-ventilated and badly lighted, and should be pulled down and new ones erected on suitable sites, as several of the latrines at present in use are in very close proximity to the cook-houses. (5) The cook-houses have wire gauze doors but flies still abound in them. (6) The floors of the washing-rooms of the station hospital remain damp from water splashing on them. The Principal Medical Officer, India, pointed out this defect to the Garrison Engineer at his inspection and recommended that tip basins be employed, but without result. There is no operating theatre. This defect should be remedied.

*The General Officer Commanding the District*, says as regards the defects numbered above:—(4) “I hope to get this done. (5) The regimental authorities have been directed to take steps. (6) It is advisable that tip basins be employed; but this probably will require alteration in the standard plan,—on which this hospital has no doubt been built.

**Delhi.**—Malarial fevers are prevalent and of a severe type, due no doubt to the branch of the Jumna which runs near the fort wall. It is suggested that every resident in the fort be supplied with a large mosquito net and that in the hot season *punkhas* be worked more briskly. The subject of vacating the fort is worthy of consideration.

**Jhansi.**—Malarial fever was the chief cause of disease. It is suggested that breeding places of mosquitoes, should, where possible, be abolished; that *punkhas* be worked more briskly; and, when these are not in use, that mosquito curtains be used, if mosquitoes abound.

**Jubbulpore.**—The plunge baths are to be provided in the British Infantry barracks. The kitchen doors, in some cases in the R. F. A. barracks, require hinges, and some holes between the tiles of the roof require to be secured against entrance of flies.

*The Commanding Royal Engineer of the District.*—The hinges have been provided, and ceiling cloths added to keep out flies.  
**Naini Tal.**—No defects reported.

### PUNJAB COMMAND.

**Rawalpindi.**—The following defects have been brought forward and remedies proposed:—(1) The provision of a suitable dairy building is necessary. (2) A stagnant pond on the railway ground near the west ridge, and a semi-stagnant *nullah* in the vicinity of the transport lines are required to be drained. (3) There exist certain sanitary defects in consequence of the cantonment authorities not owning the land where the night-soil is disposed of.

*The General Officer Commanding the District*, says as regards the defects numbered above:—(1) The scheme is approved, but no funds are available. (2) The proposals are still under consideration. (3) Arrangements have been made towards the removal of the defects.

**Attock.**—No defects reported.

**Kasauli.**—The water-supply is not satisfactory.

*The General Officer Commanding the District.*—A new pipe-water-supply under pressure is now being constructed. The water is to be pumped up from the sappers and miners' spring into reservoirs built on several suitable hills, and thence distributed by pipes. This new supply will not be available before the end of the year.

**Murree.**—No defects reported.

### MADRAS COMMAND.

**Fort Dufferin (Mandalay).**—The following defects have been brought forward:—(1) The water-supply is defective. (2) The condition of the surface drainage is incomplete. (3) The brick-work and the sides of the inner moat and other canals are in a dilapidated state. (4) The condition of the *dhobies'* tank is insanitary.

*The General Officer Commanding Burma District.*—I have made a special appeal regarding the water-supply to the local government.

### BOMBAY COMMAND.

**Deesa, Nasirabad, Kamptee, Taragarh, Mount Abu, Khandalla.**—No defects reported.



# EUROPEAN TROOPS, 1902.

## TABLE VI.

INFLUENZA by months, stations, groups, and commands.

## TABLE VII.

CHOLERA by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Rangoon . . . . .	4	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	4	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ratio per 1,000 . . .	3'3	...	...	...	...	...	...	...	...	...	...	...	3'8	...	...	...	...	...	...	...	...	...	...	...	...	...	
Shwebo . . . . .	...	...	...	...	6	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP II.—BURMA INLAND	...	...	...	...	6	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ratio per 1,000 . . .	...	...	...	...	3'8	...	...	...	...	...	...	...	3'7	...	...	...	...	...	...	...	...	...	...	...	...	...	
Fort William . . . . .	...	...	...	...	...	...	...	2	6	1	...	...	9	...	...	...	1	...	...	...	...	...	...	...	...	...	
GROUP IV.—BENGAL AND ORISSA . . .	...	...	...	...	...	...	...	2	6	1	...	...	9	...	...	...	1	...	...	...	...	...	...	...	...	...	
Ratio per 1,000 . . .	...	...	...	...	...	...	...	1'1	3'4	'5	...	...	5'0	...	...	...	'6	...	...	...	...	...	...	...	...	...	
B																											
Dinapore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	
Lucknow . . . . .	...	...	3	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
Cawnpore . . . . .	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	...	...	3	...	...	...	...	...	...	1	1	...	5	...	...	...	...	...	...	...	...	1	1	...	...	...	
Ratio per 1,000 . . .	...	...	'6	...	...	...	...	...	...	'2	'2	...	'9	...	...	...	...	...	...	...	...	'2	'2	...	...	...	
A																											
Umballa . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Rawalpindi . . . . .	1	3	1	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VI.—UPPER SUB-HIMALAYA . . .	1	3	1	...	...	...	...	1	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ratio per 1,000 . . .	'1	'2	'1	...	...	...	...	'1	...	...	...	...	'5	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Mhow . . . . .	...	1	...	...	1	...	...	...	...	3	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VIII.—SOUTH-EAST-ERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . .	...	1	...	...	1	...	...	...	...	3	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ratio per 1,000 . . .	...	'2	...	...	'2	...	...	...	...	'7	...	...	1'2	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Secunderabad . . . . .	...	9	...	...	...	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	
Poona . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Kirkee . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ahmednagar . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP IX.—DECCAN . . . . .	...	10	1	...	...	...	...	...	...	1	...	1	13	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ratio per 1,000 . . .	...	1'3	'1	...	...	...	...	...	...	'1	...	'1	1'5	...	...	...	...	...	...	...	...	...	...	...	...	...	

\* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table III.

STATIONS AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Colaba . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	...	...	...	...	1	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . .	...	...	...	...	'6	...	...	...	'7	...	...	...	1'3	...	...	...	...	...	...	...	...	...	...	...	...	...
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bellary . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore . . . . .	...	1	...	4	2	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras . . . . .	1	...	...	...	...	...	4	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	1	1	...	4	2	...	4	1	...	...	...	1	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . .	'3	'3	...	1'4	'7	...	1'3	'3	...	...	...	'2	4'0	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaubuttia . . . . .	...	...	10	9	12	...	...	...	...	...	...	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong . . . . .	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Lower Topa . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XIIa.—HILL STATIONS . . . . .	...	...	10	9	13	...	...	...	...	2	...	...	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1 000 . . .	...	...	2'0	1'2	1'0	...	...	...	...	2'3	...	...	4'1	...	...	...	...	...	...	...	...	...	...	...	...	...
Pachmarhi . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington . . . . .	...	...	3	3	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XIIb.—HILL CON-VALESCENT DEPÔTS AND SANITARIA . . . . .	...	...	3	3	2	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . .	...	...	1'6	'7	'4	...	...	...	...	...	...	...	2'5	...	...	...	...	...	...	...	...	...	...	...	...	...
Troops Marching, Bengal . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA . . . . .	6	15	19	16	25	...	4	4	7	8	1	2	107	...	...	...	1	...	...	...	...	1	1	...	...	3
Ratio per 1,000 . . .	'1	'3	'3	'3	'4	...	'1	'1	'1	'1	...	...	1'8	...	...	...	'0	...	...	...	...	'0	'0	...	...	0'5
BENGAL . . . . .	...	...	14	9	14	...	...	2	6	4	1	...	50	...	...	...	1	...	...	...	...	1	1	...	...	3
Ratio per 1,000 . . .	...	...	'8	'5	'7	...	...	'1	'3	'2	'1	...	2'8	...	...	...	'1	...	...	...	...	'1	'1	...	...	'2
PUNJAB . . . . .	1	3	1	...	1	...	...	1	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . .	'1	'2	'1	...	'1	...	...	'1	...	...	...	...	'4	...	...	...	...	...	...	...	...	...	...	...	...	...
MADRAS . . . . .	5	16	3	7	8	...	4	1	...	...	...	1	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,00 . . .	'5	1'0	'3	'7	'7	...	'4	'1	...	...	...	'1	3'5	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY . . . . .	...	2	1	...	2	...	...	...	1	4	...	1	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . .	...	'1	'1	...	'1	...	...	...	'1	'3	...	'1	'8	...	...	...	...	...	...	...	...	...	...	...	...	...



TABLE VIII.

ENTERIC FEVER by months, stations, groups, and commands.

TABLE IX.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon . . . . .	...	...	...	...	...	1	3	...	...	...	...	...	4	...	...	3	2	3	...	3	2	5	4	...	...	23
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	1	3	...	...	...	...	...	4	...	...	4	3	3	1	5	5	6	4	1	1	34
Ratio per 1,000 . . . . .	...	...	...	...	...	9	28	...	...	...	...	...	38	...	...	42	31	28	9	47	48	60	39	10	10	326
Thayetmyo . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	...	...	...	...	...	1	1	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	1	...	1
Fort Dufferin . . . . .	...	...	...	...	...	2	1	...	...	...	...	...	3	...	...	...	...	...	2	1	...	1	1	2	1	8
Shwebo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND. . . . .	...	...	...	...	1	3	2	...	...	...	1	...	7	...	...	...	...	2	1	...	1	1	2	2	...	9
Ratio per 1,000 . . . . .	...	...	...	...	6	15	10	...	...	...	5	...	43	...	...	...	...	10	5	...	5	5	10	13	...	58
Fort William . . . . .	...	...	...	...	...	1	2	...	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	...	1
Dum-Dum . . . . .	2	...	...	...	...	2	3	1	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore . . . . .	...	1	2	3	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . . . .	2	1	2	3	...	3	5	1	...	...	...	...	17	...	...	...	...	...	...	...	1	...	...	...	...	1
Ratio per 1,000 . . . . .	4	5	12	18	...	19	28	6	...	...	...	...	94	...	...	...	...	...	...	...	6	...	...	...	...	6
B	...	...	1	...	...	...	...	...	...	...	...	2	3	...	...	...	3	3	...	...	1	2	...	...	...	9
Dinapore . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	2	...	...	4	...	...	1	1	...	...	...	...	...	6
Benares . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad . . . . .	2	5	2	2	...	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Allahabad . . . . .	...	...	...	...	...	1	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad . . . . .	1	1	1	4	2	...	2	2	1	1	3	1	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur . . . . .	...	...	...	2	2	...	...	...	...	...	...	...	4	...	...	...	...	...	1	...	...	...	2	...	...	3
Lucknow . . . . .	1	1	8	9	8	1	1	5	8	2	4	7	55	...	2	3	3	9	7	1	...	...	...	1	...	20
Cawnpore . . . . .	1	...	1	1	1	1	1	...	...	1	...	2	9	...	...	...	7	9	4	4	...	...	...	...	...	24
Fatehgarh . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	2	1	...	1	...	...	...	...	...	...	...	...	...	2
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	5	8	13	18	14	4	4	7	11	4	7	12	107	1	2	8	13	21	12	7	1	2	...	2	1	70
Ratio per 1,000 . . . . .	11	14	25	33	28	8	8	13	20	6	11	19	196	2	4	15	24	42	24	12	2	4	...	3	2	128
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shahjahanpur . . . . .	1	2	1	3	3	1	...	...	...	...	...	...	11	...	...	...	...	...	1	...	1	...	...	...	...	2
Bareilly . . . . .	13	1	2	...	1	2	...	...	1	...	...	2	23	...	...	9	14	7	7	8	7	10	13	4	...	79
Roorkee . . . . .	...	...	...	1	2	...	...	...	1	2	...	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	...	4	3	9	10	...	1	5	2	...	4	5	43	1	2	4	3	1	...	...	...	...	...	...	...	11
Delhi . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa . . . . .	...	1	5	7	12	1	...	...	...	1	15	13	55	1	...	8	...	2	...	...	...	...	...	...	...	11
B	...	...	...	1	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	1	1	...	...	...	2
Jullundur . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	21
Ferozepore . . . . .	...	...	1	2	1	...	...	...	...	...	...	...	1	...	...	...	1	7	4	6	3	...	...	...	...	...
Amritsar . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer . . . . .	1	...	...	3	1	2	...	...	2	1	...	1	11	...	...	...	5	3	...	...	6	6	14	...	...	34
Fort Lahore . . . . .	...	...	...	...	2	...	...	1	...	...	...	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot . . . . .	...	...	...	...	9	12	4	3	...	1	1	1	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi . . . . .	3	1	1	6	8	8	2	4	1	3	1	6	44	...	...	1	1	...	1	...	1	...	...	...	...	4
Campbellpur . . . . .	...	...	...	...	1	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock . . . . .	...	...	3	...	...	...	...	...	...	...	...	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	18	9	16	34	50	26	8	15	7	8	21	33	245	2	2	23	24	21	13	14	19	17	27	4	...	166
Ratio per 1,000 . . . . .	14	6	12	28	51	28	9	16	7	7	17	29	217	2	4	17	20	22	14	15	21	18	22	3	...	147
A	...	...	...	...	...	1	...	...	...	...	...	1	2	...	...	...	15	1	...	...	...	2	...	...	...	19
Nowshera . . . . .	1	...	...	1	1	2	4	...	1	5	4	1	20	...	1	...	...	...	...	...	1	...	...	1	...	2
Peshawar . . . . .	...	...	...	11	2	1	1	1	...	...	...	...	16	...	...	...	...	...	...	3	...	...	...	...	...	3
Mooltan . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurrachee . . . . .	1	...	1	2	...	...	1	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	3	...	1	15	3	4	6	1	1	5	4	2	45	...	1	...	15	1	...	3	1	...	2	...	1	2
Ratio per 1,000 . . . . .	6	...	2	33	8	11	17	3	3	11	9	4	106	...	2	...	33	3	...	8	3	...	4	...	2	56
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deesa . . . . .	...	1	...	...	...	...	...	...	...	2	1	...	4	...	1	...	...	...	1	...	1	...	...	...	...	...

\* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table III.



STATIONS AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Seemuch	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Asirabad	4	...	3	4	1	...	...	2	...	2	2	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Uttra	...	...	...	3	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gra	1	...	...	2	...	...	1	1	...	1	3	1	4	...	...	2	4	9	10	6	...	...	...	...	32	
Mansi	...	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	1	1	2	
Nowgong	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	11	
Dore	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	
How	1	2	2	7	4	...	8	3	3	1	5	1	37	2	1	...	...	...	...	2	...	6	1	21	40	
GROUP VIII.—SOUTH-EAST-ERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	7	5	5	16	5	...	9	6	5	6	11	4	79	3	3	2	4	11	20	9	1	6	1	22	8	90
Ratio per 1,000	1'7	1'1	1'2	3'8	1'2	...	2'1	1'5	1'2	1'4	2'3	9	18'3	7	7	5	9	2'6	4'6	2'1	2	1'5	2	4'5	1'5	20'8
A																										
Abbulpore	...	1	2	2	3	3	2	3	5	...	...	...	21	...	1	...	2	1	1	...	1	...	...	...	...	6
Amptee	...	...	...	1	1	...	...	...	...	...	...	...	2	...	...	...	1	2	3	2	...	...	...	...	...	10
Tabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	4	3	...	...	2	...	12
B																										
Secunderabad	1	2	...	4	1	1	1	...	3	3	2	...	18	5	5	2	...	1	5	11	13	6	6	3	7	64
Elgam	...	...	...	1	1	1	1	2	2	1	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Natara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Doona	1	...	...	4	...	1	3	9	11	5	1	...	35	6	8	2	2	1	...	1	1	...	...	5	...	28
Irkee	2	2	2	2	3	2	10	13	10	6	1	...	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhmednagar	...	...	2	6	7	...	1	1	1	1	1	1	21	...	1	3	2	2	...	...	...	1	...	1	...	10
GROUP IX.—DECCAN	4	5	6	20	16	8	18	28	32	16	5	1	159	13	15	7	8	8	10	18	18	8	7	12	8	132
Ratio per 1,000	5	7	8	2'4	1'9	9	2'1	3'3	3'8	1'7	5	1	18'5	1'7	2'0	9	1'0	9	1'2	2'1	2'1	9	7	1'2	8	15'4
Polaba	...	...	1	2	2	...	...	...	...	...	1	1	7	2	...	1	3	...	2	...	1	...	2	1	...	12
Cannanore	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	...	...	1	2	2	1	...	...	...	...	1	1	8	2	...	1	3	...	2	...	1	...	2	1	...	12
Ratio per 1,000	...	...	6	6	1'3	1'7	...	...	...	...	5	6	5'0	1'3	...	6	1'7	...	1'4	...	7	...	1'4	5	...	7'5
A																										
Bellary	...	1	1	4	...	...	...	...	...	...	...	...	6	...	...	2	1	...	...	...	...	1	2	...	...	6
Mangalore	1	1	1	1	1	...	2	5	4	2	...	...	18	3	1	...	...	...	...	...	...	1	1	...	...	6
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	3
St. Thomas' Mount	...	...	...	...	1	...	...	...	...	...	...	...	1	2	2	1	...	1	...	1	...	...	...	...	...	7
Madras	...	...	1	...	...	...	...	1	1	3	2	...	8	1	...	...	...	1	...	...	1	5	10	2	...	20
GROUP XI.—SOUTHERN INDIA	1	2	3	5	2	...	2	6	5	5	2	...	33	6	3	3	2	2	2	1	1	6	13	3	...	42
Ratio per 1,000	3	6	1'0	1'7	7	...	6	1'8	1'1	1'2	5	...	9'4	1'9	9	1'0	7	7	7	8	3	1'3	3'0	7	...	12'0
Ranikhet	...	...	2	6	5	1	3	7	1	...	...	...	25	...	...	1	1	2	1	1	1	...	...	...	...	7
Bhim Tal	...	...	...	1	1	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaubuttia	...	...	...	1	3	...	1	1	1	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	...	...	1	1	3	1	...	2	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	1	1	1	...	8
Colon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Dagshai	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Subathu	...	...	...	2	1	...	...	...	...	1	...	...	4	...	...	...	...	2	...	...	...	...	...	...	...	2
Putogh	...	...	...	...	3	...	...	...	1	...	...	...	4	...	...	...	1	...	...	...	...	...	...	...	...	1
Baragully	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Kuldunnah	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2
Camp Gharial	...	...	1	3	...	...	...	...	1	1	...	...	6	...	...	...	...	1	2	...	...	...	...	...	...	3
Thobba	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Lower Topa	...	...	...	2	1	1	1	...	...	...	...	...	5	...	...	...	1	...	...	...	...	...	...	...	...	1
Khanspur	...	...	2	2	1	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Kakool	...	...	...	4	5	4	4	3	...	1	...	...	21	...	...	...	...	6	6	6	6	1	...	...	...	19
Cherat	...	...	...	3	1	2	...	1	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	1	...	1	...	...	5	3	6	25	9	25	2	7	...	...	...	...	7	18	12	10	25	16	13	9	110
GROUP XIIa.—HILL STATIONS	1	...	4	12	28	19	14	22	33	12	26	2	173	...	...	1	2	15	30	21	19	28	18	14	9	157
Ratio per 1,000	4	...	8	1'5	2'2	1'4	1'0	1'6	2'5	1'5	7'4	7	20'8	...	...	2	3	1'2	2'2	1'5	1'4	2'1	2'3	4'0	3'2	18'9
Darjeeling	...	...	2	1	...	...	...	...	...	...	...	...	3	...	...	1	1	...	...	...	...	...	...	...	...	2
Landour	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli	...	...	...	2	1	2	...	...	1	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Lalhouseie	...	...	...	11	2	...	1	1	1	1	...	...	17	...	...	...	...	...	...	1	...	...	...	...	...	1
Murree	...	...	...	...	1	...	2	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Taragarh	...	...	...	1	...	...	2	3	...	...	...	...	6	...	...	1	2	2	...	1	3	2	...	...	...	11
Mount Abu	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Pachmarhi	...	...	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	...	...	...	...	...	...	...	1	2	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	...	...	...	3	...	9	6	1	2	...	...	...	21	...	...	...	3	3	1	...	...	...	...	...	...	7
GROUP XIIb.—HILL CONVALESCENT DEPOTS, AND SANITARIA	...	...	2	18	5	12	12	7	6	1	...	...	63	...	...	2	5	5	3	1	1	3	2	...	...	22
Ratio per 1,000	...	...	1'1	4'0	1'0	2'2	2'3	1'4	1'3	3	...	...	19'5	...	...	1'1	1'1	1'0	6	2	2	6	6	...	...	6



EUROPEAN TROOPS, 1902.

TABLE VIII—concluded.

ENTERIC FEVER by months, stations, groups, and commands.

TABLE IX—concluded.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

STATIONS AND COMMANDS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Troops marching { Bengal .	6	2	..	..	1	..	..	..	..	..	..	..	9	..	..	..	..	..	..	..	..	..	..	..	..	..
{ Punjab .	1	1	..	2	..	..	..	..	..	1	..	..	5	..	..	1	1	..	..	..	..	..	..	..	..	2
{ Madras .	..	..	..	4	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	2	2	3	1	..	8
Delhi Manœuvres and Durbar Force . . . . .	..	..	..	..	..	..	..	..	..	1	3	30	34	..	..	..	..	..	..	..	..	1	1	1	..	3
Deolali Depôt . . . . .	3	..	4	3	..	..	..	..	..	2	..	..	12	2	..	1	..	..	..	..	..	..	..	..	..	3
Poonamallee „ . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	1	..	..	4
EXTRA INDIA.																										
Aden . . . . .	..	2	..	..	..	..	1	..	1	..	3	1	8	..	..	..	..	..	23	19	11	5	3	6	..	67
INDIA																										
Ratio per 1,000 . . . . .	51 9	35 6	57 10	152 26	127 21	81 13	84 14	93 15	101 16	61 10	84 13	86 13	1,012 167	30 5	26 5	53 10	80 14	88 15	119 20	100 16	78 13	85 14	83 13	72 11	32 5	846 140
BENGAL . . . . .	28	21	28	52	47	16	18	29	23	7	14	23	306	3	5	26	38	46	44	22	11	14	14	8	2	233
Ratio per 1,000 . . . . .	16 13	13 13	16 16	29 29	25 25	9 9	10 10	16 16	12 12	4 4	9 9	15 15	172	2 2	3 3	15 15	21 21	25 25	23 23	12 12	6 6	7 7	7 7	5 5	1 1	131
PUNJAB . . . . .	6	3	10	50	57	41	22	16	12	16	22	26	281	1	1	10	24	17	13	18	20	9	17	..	1	131
Ratio per 1,000 . . . . .	4 4	2 2	7 7	32 34	34 34	24 24	13 13	9 9	7 7	10 10	16 16	22 22	180	1 1	1 1	7 7	15 15	10 10	7 7	10 10	12 12	5 5	10 10	..	1 1	84
MADRAS . . . . .	2	4	3	17	5	16	15	9	12	9	5	..	97	12	8	9	8	10	12	19	19	21	26	13	11	168
Ratio per 1,000 . . . . .	2 2	4 4	3 3	16 16	5 5	15 15	14 14	8 8	10 10	7 7	4 4	..	87	11 11	8 8	9 9	8 8	9 9	11 11	17 17	17 17	17 17	21 21	11 11	9 9	151
BOMBAY . . . . .	15	7	16	33	18	8	29	39	54	28	40	7	294	14	12	8	10	15	50	41	28	41	25	50	17	311
Ratio per 1,000 . . . . .	10 10	5 5	11 11	24 24	13 13	6 6	21 21	28 28	39 39	19 19	25 25	5 5	204	10 10	8 8	6 6	7 7	11 11	36 36	30 30	20 20	30 30	17 17	31 31	12 12	216

# EUROPEAN TROOPS, 1902.

## TABLE X.

INTERMITTENT FEVER by months, stations, groups, and commands.

## TABLE XI.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Port Blair . . . . .	...	...	...	...	1	6	1	4	8	3	1	...	24	...	...	...	...	...	1	...	4	2	...	...	...	7
Rangoon . . . . .	25	8	9	13	11	7	11	5	2	8	15	20	134	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	25	8	9	13	12	13	12	9	10	11	16	20	158	...	...	...	...	...	1	1	4	2	...	...	...	8
Ratio per 1,000 . . . . .	20.7	7.9	9.4	13.3	11.1	12.0	11.2	8.7	9.9	10.6	15.9	19.1	151.3	...	...	...	...	...	.9	.9	3.9	2.0	...	...	...	7.7
Thayetmyo . . . . .	...	...	1	...	6	3	...	1	...	2	1	2	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	2	7	1	1	6	17	12	21	10	4	1	2	84	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin . . . . .	112	60	31	12	24	48	59	46	111	99	55	43	700	...	...	...	...	...	...	...	...	...	1	...	...	1
Shwebo . . . . .	7	4	...	...	10	11	2	3	4	8	4	9	62	...	...	...	...	...	1	...	...	...	...	...	...	2
GROUP II.—BURMA INLAND . . . . .	121	71	33	13	46	79	73	71	125	113	61	56	862	...	...	...	...	...	1	...	...	...	1	1	...	3
Ratio per 1,000 . . . . .	56.2	57.2	50.8	22.7	28.8	39.4	36.4	35.8	64.6	58.1	31.9	35.8	528.5	...	...	...	...	...	.5	...	...	...	.5	.5	...	1.8
Fort William . . . . .	10	...	2	12	8	14	89	82	14	15	23	17	286	2	...	2	5	...	2	...	29	38	17	...	...	95
" Fulta . . . . .	2	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...
" Chingrikhal . . . . .	...	1	...	2	...	...	...	...	...	...	...	...	3	...	...	2	...	...	1	...	...	...	...	...	...	3
Dum-Dum . . . . .	9	3	2	4	5	5	6	1	5	8	14	11	73	...	...	...	...	...	...	...	...	...	...	1	...	1
Barrackpore . . . . .	2	1	5	1	10	7	7	11	12	14	18	17	105	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . . . .	23	5	9	19	23	26	102	94	31	37	55	46	470	2	...	4	5	...	2	1	29	38	17	...	1	99
Ratio per 1,000 . . . . .	10.2	2.3	5.3	11.6	14.8	16.0	57.7	52.5	17.5	19.4	35.8	22.7	259.8	.9	...	2.4	3.1	...	1.2	.6	16.1	21.5	8.9	...	.5	54.7
B																										
Dinapore . . . . .	3	2	1	...	...	5	8	10	16	13	19	6	83	...	...	...	...	...	...	...	1	...	...	...	...	1
Benares . . . . .	7	5	1	...	1	1	3	3	5	11	18	9	64	...	...	...	...	...	...	...	...	1	...	...	...	1
Allahabad . . . . .	7	7	8	12	15	34	30	22	25	36	56	41	293	...	...	...	...	...	...	...	...	...	1	...	...	1
Fort Allahabad . . . . .	6	3	6	1	1	2	4	3	6	14	12	4	62	...	...	...	...	...	...	...	...	1	...	1	...	2
Fyzabad . . . . .	2	6	3	13	3	7	11	7	8	16	11	4	91	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur . . . . .	4	1	4	7	4	1	3	7	26	43	3	2	105	...	...	...	1	...	1	...	3	1	...	...	...	7
Lucknow . . . . .	1	5	13	28	18	28	47	44	36	48	38	26	332	...	...	...	2	...	...	...	...	...	...	2	...	4
Cawnpore . . . . .	15	10	8	5	11	17	21	29	25	19	15	9	184	...	1	...	...	...	...	...	1	...	...	...	...	2
Fatehgarh . . . . .	1	1	1	4	7	2	1	6	8	11	2	1	45	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	46	40	45	70	60	97	128	131	155	211	174	102	1,259	...	1	1	3	...	1	1	1	6	2	1	2	19
Ratio per 1,000 . . . . .	10.3	7.2	8.5	12.7	12.1	19.8	24.8	24.1	27.6	34.2	28.5	16.3	230.8	...	.2	.2	.5	...	.2	.2	.2	1.1	.3	.2	.3	3.5
A																										
Shahjahanpur . . . . .	6	8	5	5	1	6	3	14	23	15	2	2	90	1	...	1	...	...	...	...	...	...	1	...	1	4
Bareilly . . . . .	3	1	6	...	2	8	2	4	1	8	20	5	60	...	...	...	...	...	...	...	...	...	...	...	...	...
Roorkee . . . . .	2	2	1	5	4	2	3	10	6	21	4	1	61	...	1	...	...	...	...	...	...	...	...	...	...	1
Meerut . . . . .	13	12	6	7	9	9	10	35	101	102	34	19	357	...	...	...	...	2	...	1	1	...	...	...	...	4
Delhi . . . . .	5	1	3	25	32	15	26	12	20	25	17	16	197	...	...	...	...	...	...	1	...	...	...	...	...	1
Umballa . . . . .	20	7	9	12	8	9	21	46	42	39	38	17	268	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Jullundur . . . . .	6	6	1	6	1	4	11	4	20	30	9	5	103	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore . . . . .	38	38	41	39	33	22	47	80	47	83	126	42	636	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar . . . . .	1	...	1	5	10	4	12	26	24	15	10	4	112	...	...	...	1	...	...	...	...	...	3	1	...	5
Meean Meer . . . . .	15	22	17	10	12	10	4	1	2	43	34	23	193	...	...	...	...	2	2	...	...	...	...	...	...	4
Fort Lahore . . . . .	4	2	1	7	9	9	7	18	24	13	6	5	105	...	...	...	1	...	1	...	...	...	...	...	...	2
Sialkot . . . . .	15	3	3	13	18	21	29	17	8	21	15	9	172	...	1	4	3	5	...	...	8	6	5	2	...	42
Rawalpindi . . . . .	29	15	16	32	22	21	35	82	155	197	170	60	834	...	1	1	2	2	...	2	...	...	1	3	2	14
Campbellpur . . . . .	1	...	2	...	1	3	2	...	4	3	6	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock . . . . .	8	...	5	5	9	2	16	28	10	28	58	31	200	...	...	...	...	...	3	1	...	2	1	1	...	8
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	166	117	117	171	171	145	228	377	487	643	549	239	3,410	1	3	6	7	11	3	7	10	6	15	10	6	85
Ratio per 1,000 . . . . .	12.9	8.3	8.4	14.2	17.6	15.5	25.0	41.2	51.8	52.5	44.5	21.4	302.3	.1	.2	.4	.6	1.1	.3	.8	1.1	.6	1.2	.8	.5	7.5
A																										
Nowshera . . . . .	4	6	8	8	23	22	17	25	25	26	37	16	217	...	...	...	...	...	...	2	2	...	1	...	1	6
Peshawar . . . . .	13	7	9	19	32	36	72	105	81	59	54	29	516	...	...	...	6	...	7	5	1	2	4	...	...	25
Mooltan . . . . .	13	8	14	5	9	10	36	14	22	37	19	5	192	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Hyderabad . . . . .	7	2	3	8	10	12	9	11	7	21	51	22	163	...	...	...	...	...	...	...	...	1	...	...	...	1
Kurrachee . . . . .	17	8	8	35	34	40	46	45	66	46	131	80	556	...	...	...	...	...	...	...	...	...	...	2	...	2
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA . . . . .	54	31	42	75	108	120	180	200	201	189	292	152	1,644	...	...	...	6	...	7	7	3	2	6	...	3	34
Ratio per 1,000 . . . . .	10.9	6.7	9.7	16.4	28.0	32.1	50.5	57.2	57.5	41.9	62.4	28.7	355.9	...	...	...	1.3	...	1.9	2.0	.9	.6	1.3	...	.6	8.0

\* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table III.



## EUROPEAN TROOPS, 1902.

TABLE X—continued.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XI—continued.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Deesa . . . . .	18	4	5	7	4	7	7	9	20	91	62	45	279	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad . . . . .	11	12	12	12	6	...	4	3	5	22	30	18	135	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Neemuch . . . . .	2	2	3	4	3	3	2	1	16	25	15	3	79	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad . . . . .	13	7	12	20	7	10	5	8	9	16	11	8	126	1	...	1	...	...	1	...	...	1	...	...	...	...
Muttra . . . . .	...	...	...	...	...	...	...	...	...	...	5	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra . . . . .	...	3	4	7	4	12	18	55	75	49	70	18	315	...	...	...	...	1	...	...	1	...	...	...	...	...
Jhansi . . . . .	9	11	13	12	24	24	19	20	32	45	39	44	292	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong . . . . .	...	...	2	2	1	...	5	5	3	7	1	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore . . . . .	...	...	...	2	...	...	...	3	14	12	10	5	46	...	...	...	2	...	...	1	...	...	1	2	...	...
Mhow . . . . .	29	11	9	15	8	6	9	31	143	173	120	33	587	3	...	...	3	...	...	...	...	...	...	...	...	...
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	82	50	60	81	57	62	69	135	317	440	363	174	1,890	4	...	1	5	1	1	1	1	1	1	2	...	...
Ratio per 1,000 . . . . .	19'8	11'0	14'4	19'1	13'4	14'4	16'4	33'4	77'8	99'1	74'7	37'9	437'5	1'0	...	'2	1'2	'2	'2	'2	'2	'2	'2	'4	...	...
A																										
Saugor . . . . .	3	...	13	12	9	8	15	17	35	47	53	14	226	...	...	...	1	1	...	...	1	...	...	1	1	...
Jubbulpore . . . . .	3	...	9	4	8	12	16	21	34	52	26	17	202	...	...	...	4	3	1	2	...	...	...	...	...	...
Kamptee . . . . .	7	7	6	12	25	24	35	31	24	17	7	4	199	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitabaldi . . . . .	2	...	...	1	...	2	2	2	3	3	3	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad . . . . .	14	9	18	18	18	3	3	11	31	45	28	15	213	...	1	...	...	...	...	1	1	2	2	2	5	...
Belgam . . . . .	31	16	13	21	13	17	27	18	17	23	18	16	230	...	...	...	...	...	...	...	1	...	...	...	...	...
Satara . . . . .	...	...	2	1	3	1	3	...	3	...	2	1	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona . . . . .	16	9	19	35	34	56	58	69	41	26	45	14	427	...	...	...	...	...	...	1	...	...	...	...	...	...
Kirkee . . . . .	11	7	11	10	12	19	57	42	34	25	51	32	311	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar . . . . .	3	6	20	4	44	24	17	12	8	26	16	12	192	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN . . . . .	90	54	111	118	166	166	233	223	230	264	249	130	2,034	...	1	...	5	4	1	4	3	2	2	3	6	3
Ratio per 1,000 . . . . .	11'7	7'3	15'0	14'3	19'5	19'4	27'0	26'2	27'0	27'1	25'3	12'9	236'7	...	'1	...	'6	'5	'1	'5	'4	'2	'2	'3	'6	'3
Colaba . . . . .	4	5	18	6	4	9	14	16	19	31	15	13	154	1	...	2	3	2	...	...	...	...	...	...	...	...
Cannanore . . . . .	...	2	1	...	1	1	4	...	1	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Mallapuram . . . . .	1	...	...	...	...	1	1	...	...	...	1	...	4	...	...	...	...	3	1	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST . . . . .	5	7	19	6	5	11	19	16	20	31	16	13	168	1	...	2	3	5	1	...	...	...	...	...	...	1
Ratio per 1,000 . . . . .	3'2	4'2	11'4	3'4	3'2	7'5	13'1	10'6	13'4	22'1	8'4	7'7	105'5	'6	...	1'2	1'7	3'2	'7	...	...	...	...	...	...	7
A																										
Bellary . . . . .	7	1	1	3	5	4	7	7	17	11	11	23	97	2	1	1	1	...	...	...	1	...	1	...	...	...
Bangalore . . . . .	3	...	4	9	32	33	29	21	12	27	20	18	208	...	...	...	...	...	...	1	1	...	1	...	...	...
B																										
Trichinopoly . . . . .	...	...	7	3	...	1	1	1	3	4	5	4	29	...	...	...	...	...	...	...	...	...	...	...	...	...
Pallavaram . . . . .	...	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount . . . . .	1	2	2	2	2	2	2	3	18	2	1	...	37	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras . . . . .	2	1	2	1	...	2	5	4	6	...	...	4	27	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA . . . . .	13	6	16	18	39	42	44	36	56	44	37	49	400	2	1	1	1	...	...	1	2	...	2	...	...	1
Ratio per 1,000 . . . . .	4'1	1'8	5'5	6'2	13'3	14'0	14'1	10'7	12'2	10'1	9'0	11'4	114'4	'6	'3	'3	'3	...	...	'3	'6	...	'5	...	...	2
Ranikhet . . . . .	...	...	4	10	2	6	2	2	7	1	...	...	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhim Tal . . . . .	...	...	...	1	...	1	1	2	18	6	...	...	29	...	...	...	1	...	...	...	...	...	...	...	...	1
Chaubuttia . . . . .	...	...	...	3	2	3	3	5	2	1	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata . . . . .	...	...	34	44	41	21	14	24	14	6	...	1	199	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong . . . . .	...	...	1	5	6	2	3	2	1	...	...	1	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Solon . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...
Dagshai . . . . .	1	1	3	1	4	6	5	4	3	7	9	5	49	...	...	1	...	2	1	...	1	3	...	...	...	...
Subathu . . . . .	...	...	...	...	3	9	5	14	18	14	2	...	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh . . . . .	...	...	...	1	5	2	3	6	3	...	...	...	20	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully . . . . .	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...
Kuldunnah . . . . .	...	...	...	...	2	2	1	2	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...						

ATIONS, GROUPS, ND COMMANDS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
eeeling . . . . .	..	..	1	2	6	..	..	2	2	..	..	..	13	..	..	..	..	..	1	1	1	2	..	..	..	5
ni Tal . . . . .	..	..	1	..	2	6	2	1	5	1	..	..	18	..	..	..	1	..	..	..	1	..	..	..	..	2
dour . . . . .	..	..	5	11	2	3	8	4	12	6	..	..	51	..	..	..	..	..	..	..	..	..	..	..	..	..
auli . . . . .	..	..	5	11	11	11	12	13	11	1	..	..	75	..	..	..	..	..	..	..	..	..	..	..	..	..
housie . . . . .	2	..	..	28	80	42	40	60	52	9	1	..	314	..	..	..	..	..	..	..	..	..	..	..	..	..
ree . . . . .	..	..	..	..	2	1	1	5	1	3	..	..	13	..	..	..	..	1	..	..	..	..	..	..	..	1
agarh . . . . .	..	..	..	1	2	1	6	1	2	..	..	..	13	..	..	..	..	..	..	..	..	..	..	..	..	..
nt Abu . . . . .	..	..	..	5	3	3	..	..	1	5	3	2	22	..	..	..	..	..	..	..	..	..	..	..	..	..
hmarhi . . . . .	..	..	..	5	2	2	10	7	15	7	4	1	53	..	..	..	1	1	..	..	1	..	1	..	..	4
andhur . . . . .	1	..	1	..	2	2	1	2	4	5	5	..	23	..	..	..	..	..	..	..	..	..	..	..	..	..
ndalla . . . . .	..	2	2	4	1	..	..	..	..	1	4	2	16	1	..	..	..	..	..	..	..	..	..	..	..	1
llington . . . . .	1	..	8	5	8	15	20	37	15	7	5	6	127	..	..	..	..	1	4	9	..	..	1	..	..	15
UP XIIb.—																										
L CONVALESCENT																										
EPÔTS, AND																										
ANITARIA . . . . .	4	2	23	72	121	86	100	132	120	45	22	11	738	1	..	..	1	2	6	10	2	2	2	2	..	28
io per 1,000 . . . . .	4'8	2'9	12'4	15'9	23'3	15'9	19'1	26'6	25'7	14'4	18'9	10'2	228'6	1'2	..	..	2	4	1'1	1'9	4	4	6	1'7	..	8'7
ops marching,																										
engal . . . . .	47	8	7	1	..	..	..	..	..	9	5	1	78	1	..	..	..	..	..	..	..	..	..	..	..	1
ops marching,																										
unjab . . . . .	24	3	3	..	..	..	..	..	3	8	16	..	57	..	..	..	..	..	..	..	..	1	2	..	..	3
ops marching,																										
adras . . . . .	..	12	15	11	3	..	..	1	1	1	..	1	45	..	..	..	..	..	..	..	..	..	..	..	..	..
ops marching,																										
ombay . . . . .	..	2	..	..	..	..	..	..	..	..	1	8	11	..	..	..	..	..	..	..	..	..	..	..	..	..
ni Manœuvres																										
nd Durbar Force .	..	..	..	..	..	..	..	..	..	35	237	253	525	..	..	..	..	..	..	..	..	3	2	2	..	7
ali Depôt . . . . .	14	21	14	..	4	16	10	8	3	12	27	4	133	1	..	1	..	..	..	..	..	1	..	..	..	3
namallee Depôt .	1	..	..	..	..	..	..	2	..	2	1	2	8	..	..	1	..	..	..	..	..	..	..	..	..	1
EXTRA INDIA.																										
en . . . . .	11	18	16	20	32	46	16	8	1	3	2	..	173	..	..	..	..	..	..	..	..	..	..	..	..	..
INDIA . . . . .																										
Ratio per 1,000 . . . . .	733	456	591	790	964	1,016	1,309	1,576	1,966	2,178	2,165	1,276	14,960	13	6	18	41	32	33	38	62	68	53	23	20	407
	12'6	8'1	10'7	13'6	16'0	16'7	21'5	25'9	30'9	34'3	33'2	19'5	247'1	2	1	3	7	5	5	6	1'0	1'1	8	4	3	6'7
NGAL . . . . .	160	91	169	250	240	263	390	467	592	656	509	288	4,075	4	2	6	15	8	5	7	35	46	22	3	5	158
Ratio per 1,000 . . . . .	9'4	5'5	9'8	13'7	12'8	14'6	21'0	25'3	31'6	34'5	31'3	18'7	229'4	2	1	3	8	4	3	4	1'9	2'5	1'2	2	3	8'9
NJAB . . . . .	194	118	138	212	320	276	401	600	600	646	612	251	4,368	..	2	6	16	18	19	17	19	17	20	12	6	152
Ratio per 1,000 . . . . .	12'5	8'0	9'7	13'5	19'2	15'9	23'1	34'5	35'3	39'8	45'7	20'8	279'4	..	1	4	1'0	1'1	1'1	1'0	1'1	1'0	1'2	9	5	9'7
DRAS . . . . .	207	124	113	99	140	171	184	185	256	246	167	165	2,057	2	2	2	1	4	7	12	8	4	5	4	5	56
Ratio per 1,000 . . . . .	19'4	12'4	11'7	9'6	13'1	15'5	16'6	16'9	21'1	19'8	13'9	13'5	185'4	2	2	2	1	4	6	1'1	7	3	4	3	4	5'0
MBAY . . . . .	172	123	171	229	264	306	334	324	458	595	640	319	3,935	7	..	4	9	2	2	2	..	1	3	2	2	34
Ratio per 1,000 . . . . .	11'7	8'4	12'0	16'3	18'6	22'0	24'1	23'0	33'2	40'2	39'8	22'0	273'2	5	..	3	6	1	1	1	..	1	2	1	1	2'4



TABLE XII.

PNEUMONIA by months, stations, groups, and commands.

STATIONS *AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Fort Dufferin . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Shwebo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	...	...	2	2
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	...	...	...	...	1'3	1'2
Fort William . . . . .	...	2	...	...	...	...	...	...	...	...	...	...	2
„ Fulta . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore . . . . .	1	1	1	...	...	...	...	...	...	...	...	...	3
GROUP IV.—BENGAL AND ORISSA . . . . .	1	3	1	...	...	...	...	...	...	...	...	...	5
Ratio per 1,000 . . . . .	4	1'4	6	...	...	...	...	...	...	...	...	...	2'8
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinapore . . . . .	3	...	...	...	...	...	...	...	...	...	...	...	3
Benares . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1
Fort Allahabad . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1
Fyzabad . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1
Sitapur . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1
Lucknow . . . . .	...	...	2	1	...	...	...	...	...	...	2	1	6
Cawnpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	3	...	2	1	...	...	1	...	...	2	3	1	13
Ratio per 1,000 . . . . .	7	...	4	2	...	...	2	...	...	3	5	2	2'4
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Shahjahanpur . . . . .	...	1	...	...	...	...	...	...	...	1	...	...	2
Bareilly . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	2
Roorkee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	...	1	...	2	1	...	...	...	...	...	1	...	5
Delhi . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1
Umballa . . . . .	1	3	1	...	...	1	...	...	...	1	2	1	10
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1
Ferozepore . . . . .	3	2	2	1	...	...	...	...	...	...	...	1	9
Amritsar . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	2
Meean Meer . . . . .	3	2	...	...	...	...	...	...	...	...	...	...	5
Fort Lahore . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1
Sialkot . . . . .	2	2	4	1	...	...	...	...	...	...	...	...	9
Rawalpindi . . . . .	12	13	6	3	...	1	4	1	...	1	1	1	43
Campbellpur . . . . .	3	1	2	...	1	...	...	...	...	...	...	1	8
Attock . . . . .	...	...	1	1	...	...	...	...	...	...	...	2	4
GROUP VI.—UPPER SUB- HIMALAYA . . . . .	26	25	16	9	2	2	4	3	1	3	4	7	102
Ratio per 1,000 . . . . .	20	1'8	1'2	7	2	2	4	3	1	2	3	6	9'0
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	...	5	1	...	1	...	...	...	...	1	...	3	11
Peshiwar . . . . .	1	2	2	...	...	...	...	...	...	...	...	1	6
Mooltan . . . . .	2	1	...	...	...	...	...	...	...	1	...	...	4
C	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1
Kurrachee . . . . .	1	...	2	...	...	...	...	...	...	...	...	...	3
GROUP VII.—N.-W. FRON- TIER, INDUS VALLEY, AND N.-W. RAJPUTANA . . . . .	4	8	5	...	1	...	...	...	...	2	1	4	25
Ratio per 1,000 . . . . .	8	1'7	1'2	...	3	...	...	...	...	4	2	8	5'9
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Deesa . . . . .	2	...	...	...	...	...	...	1	...	...	...	...	3
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Neemuch . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1
Nasirabad . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	2
Agra . . . . .	...	...	...	...	...	1	1	...	...	...	...	...	2
Jhansi . . . . .	...	1	...	...	...	...	...	...	...	...	1	1	3
Nowgong . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow . . . . .	2	2	...	...	...	...	...	...	1	...	...	...	5
GROUP VIII.—S. E. RAJ- PUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	5	4	1	...	...	1	1	1	1	...	1	1	16
Ratio per 1,000 . . . . .	1'2	9	2	...	...	2	2	2	2	...	2	2	3'7

TABLE XIII.

DYSENTERY by months, stations, groups, and commands.

ADMISSIONS FROM DYSENTERY IN EACH MONTH.											
January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
...	...	...	...	...	...	...	...	...	...	...	...
6	...	2	...	1	7	9	11	2	4	1	...
50	...	21	...	9	65	84	106	20	48	10	...
...	...	...	1	...	...	2	...	...	...	...	...
...	...	...	...	...	1	...	...	1	...	...	...
7	2	2	...	2	2	3	1	1	1	1	2
1	...	...	...	...	2	...	1	1	2	...	...
8	2	2	1	2	5	5	2	3	3	1	2
37	16	31	17	13	25	25	10	15	15	5	13
4	2	2	1	1	2	1	...	1	...	1	6
...	...	...	...	...	1	...	...	...	...	...	1
2	1	...	3	3	4	4	7	2	3	2	...
7	...	2	1	3	5	13	18	8	9	9	6
13	3	4	5	7	12	18	25	11	12	12	13
58	14	24	31	45	74	102	140	62	63	78	64
1	...	...	1	...	...	...	...	1	1	3	4
1	...	...	...	...	...	...	...	...	...	...	...
1	...	...	...	...	...	...	1	1	4	1	2
1	2	3	1	...	1	...	2	1	1	1	2
...	...	...	...	...	...	...	...	1	1	1	1
2	2	6	7	2	4	2	9	2	7	3	7
1	...	2	1	...	2	1	1	2	...	1	...
...	...	...	1	...	...	...	...	...	...	1	1
7	4	11	11	2	7	4	14	8	15	11	17
16	7	21	20	4	14	8	26	14	24	18	27
1	...	...	...	2	...	...	...	...	...	2	...
...	...	3	2	2	1	...	...	...	3	4	3
...	...	1	...	...	1	...	...	...	1	...	...
...	...	1	7	...	3	4	4	2	4	4	3
...	...	...	...	...	...	...	...	...	...	1	...
3	1	5	3	...	1	...	1	2	2	2	1
3	1	...	1	...	...	...	1	1	...	...	...
...	...	2	4	3	1	1	1	...	1	1	2
1	...	1	...	...	...	...	...	...	...	...	...
...	...	1	...	...	...	...	3	2	1	1	1
...	...	...	...	...	...	...	...	1	...	...	...
...	...	...	2	2	1	2	1	...	...	...	...
2	1	2	4	4	2	1	2	5	4	6	5
...	...	...	...	1	...	...	...	1	...	...	...
...	1	2	...	...	...	...	...	...	1	...	4
10	4	17	23	14	10	11	13	14	17	21	19
8	3	12	19	14	11	12	14	15	14	17	17
...	...	1	1	...	...	...	...	...	...	...	1
...	3	...	3	4	1	3	1	...	2	...	...
1	...	1	1	...	...	1	1	...	1	...	1
...	...	1	1	1	...	2	...	...	3	...	...
...	2	2	2	...	3	6	5	...	4	1	2
1	5	5	8	5	4	12	7	...	10	1	4
2	11	12	18	13	11	34	20	...	22	2	8
...	...	...	...	...	...	...	...	...	...	...	...
...	...	2	1	...	1	...	...	...	...	1	...
2	1	1	...	...	...	...	...	1	2	5	1
1	...	...	1	1	...	...	1	...	...	2	5
...	...	...	...	...	...	...	...	2	...	1	...
...	1	...	...	...	...	...	1	...	...	1	1
3	2	3	...	...	...	4	6	3	4	2	3
6	4	7	2	1	1	4	9	7	10	9	10
15	9	17	5	2	2	10	22	17	23	19	22

\* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios, see Table III.



STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Saugor . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	2
Jubbulpore . . . . .	...	1	...	1	...	2	...	...	...	...	...	...	4	...	4	1	2	2	1	2	5	2	1	8	1	29
Kamptee . . . . .	...	1	...	1	3	...	...	...	...	1	...	...	6	...	...	...	...	...	...	2	3	1	3	1	...	10
Sitabaldi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	4
<b>B</b>																										
Secunderabad . . . . .	...	1	...	...	...	...	...	...	...	2	...	...	3	2	5	2	2	2	3	3	1	3	7	11	4	45
Belgam . . . . .	...	...	1	...	...	1	...	...	...	...	...	...	2	...	...	1	1	1	4	4	2	4	1	...	...	18
Satara . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Poona . . . . .	1	...	...	...	...	...	...	...	1	...	...	1	3	...	3	1	1	1	1	4	8	...	...	1	...	29
Kirkee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	1	2	2	5	1	1	1	16
Ahmednagar . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	1	...	...	...	3
<b>GROUP IX.—DECCAN</b>	1	3	1	3	3	3	...	...	1	3	...	2	20	2	14	7	6	7	11	16	22	28	12	24	8	157
Ratio per 1000 . . . . .	1	4	1	4	4	4	...	...	1	3	...	2	2	3	19	9	7	8	13	19	26	33	12	24	8	183
Colaba . . . . .	...	3	2	3	...	...	1	...	...	1	1	...	11	1	...	2	1	2	1	...	2	1	3	1	...	14
Calicut . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
<b>GROUP X.—WESTERN COAST</b>	...	3	2	3	...	...	1	...	...	1	1	...	11	1	...	2	1	2	1	...	2	1	3	2	...	15
Ratio per 1000 . . . . .	...	1	2	1	...	...	7	...	...	7	5	...	6	7	...	1	6	3	7	...	1	7	...	1	2	94
<b>A</b>																										
Bellary . . . . .	...	...	...	...	...	...	1	1	1	...	...	...	3	...	...	...	...	...	1	1	3	1	1	2	1	10
Bangalore . . . . .	...	...	...	...	...	...	...	...	4	3	3	...	10	3	2	...	...	...	2	1	5	5	2	3	2	25
<b>B</b>																										
Trichinopoly . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	3
St. Thomas' Mount . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1	...	...	5
Madras . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	1	...	...	...	1	...	1	...	5
<b>GROUP XI.—SOUTHERN INDIA</b>	...	...	...	...	...	...	1	1	5	4	3	...	14	3	2	2	1	2	3	3	9	8	5	6	4	48
Ratio per 1000 . . . . .	...	...	...	...	...	...	3	3	1	9	7	...	4	9	6	7	3	7	10	10	27	17	12	15	9	137
Ranikhet . . . . .	...	...	...	1	...	...	...	...	1	...	...	...	2	...	...	2	1	1	...	2	...	...	2	1	1	10
Chaubuttia . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata . . . . .	...	...	...	1	...	...	...	...	...	1	1	...	3	...	...	1	1	1	5	5	2	1	1	...	...	28
Lebong . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
Solon . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2
Dagshai . . . . .	...	1	1	...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	2
Subathu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	4
Jutogh . . . . .	...	...	...	1	2	...	...	...	...	...	...	...	3	...	...	...	...	...	...	1	...	...	...	...	...	1
Khyragully . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	2
Kuldunnah . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Kalabagh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Camp Gharial . . . . .	...	...	...	...	2	...	...	...	1	...	...	...	3	...	...	...	...	2	...	1	...	1	...	...	...	4
„ Thobba . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	2	...	...	...	1	5	2	4	...	1	...	...	...	13
Khanspur . . . . .	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...	2	...	3	1	4	...	1	...	...	11
Kakool . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	6
Cherat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...
Quetta . . . . .	1	...	1	1	3	3	...	5	...	8	3	6	31	...	...	2	4	3	4	5	4	8	8	3	3	44
<b>GROUP XII a.—HILL STATIONS</b>	1	1	2	5	11	5	...	5	4	9	4	6	53	...	...	6	13	20	22	22	20	17	19	4	4	147
Ratio per 1000 . . . . .	4	4	4	6	8	4	...	4	5	11	12	21	64	...	...	12	17	16	16	16	15	21	24	12	14	177
Darjeeling . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	3	1	2	2	...	3	...	...	...	12
Naini Tal . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	3	2	...	...	...	...	...	9
Landour . . . . .	...	...	...	2	...	...	2	...	...	...	...	...	4	...	...	...	...	...	1	1	2	...	1	...	...	4
Kasauli . . . . .	...	...	...	1	...	...	...	2	1	...	...	...	...	...	...	1	...	3	1	1	1	1	...	...	...	8
Dalhousie . . . . .	...	...	...	1	2	2	...	...	...	...	...	...	5	...	1	...	1	4	1	...	2	2	1	...	...	12
Taragarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2
Mount Abu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3
Pachmarhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	1	...	...	...	...	...	10
Purandhur . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	3
Khandalla . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Wellington . . . . .	...	1	...	1	...	2	...	...	...	...	...	...	4	...	...	...	5	4	3	2	1	2	1	1	...	20
<b>GROUP XII b.—HILL CONVALESCENT DEPÔTS, AND SANITARIA</b>	...	1	1	5	2	4	3	2	2	...	...	...	20	...	1	5	15	15	11	10	11	8	3	3	2	84
Ratio per 1000 . . . . .	...	1	5	1	4	7	6	4	4	...	...	...	62	...	1	27	33	29	20	19	22	17	10	26	19	260
Troops marching, { Bengal . . . . .	1	3	...	...	...	...	...	...	...	...	...	...	4	11	...	2	...	...	...	...	...	...	1	...	...	14
{ Punjab . . . . .	12	9	1	...	...	...	...	...	...	...	...	...	22	3	1	...	1	...	...	...	...	...	2	...	...	7
{ Madras . . . . .	...	2	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1	...	...	...	3
Delhi Manœuvres and Force . . . . .	...	...	...	...	...	...	...	...	...	...	4	34	38	...	...	...	...	...	...	...	...	2	37	39	...	78
Deolali Depôt . . . . .	2	2	3	...	...	...	...	...	...	1	...	...	8	4	2	6	...	...	...	2	...	2	1	...	...	17
Poonamallee Depôt . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	2	1	...	3	...	1	...	14
<b>EXTRA INDIA.</b>																										
Aden . . . . .	1	...	...	...	...	...	...	...	2	...	1	...	4	2	3	1	3	2	1	2	2	...	4	1	2	23
<b>INDIA</b>	57	64	35	26	19	15	11	12	16	25	22	57	359	80	45	81	91	80	97	119	147	110	120	141	127	1,238
Ratio per 1000 . . . . .	10	11	6	5	3	2	2	2	3	4	3	9	59	14	8	15	16	13	169	20	24	18	19	22	19	204
<b>BENGAL</b>	5	10	4	10	1	3	4	1	2	4	6	4	54	33	11	31	39	27	38	42	66	34	51	48	44	464
Ratio per 1000 . . . . .	3	6	2	5	1	2	2	1	1	2	4	3	30	19	7	18	21	14	20	23	36	18	27	29	29	261
<b>PUNJAB</b>	41	41	21	9	12	6	4	4	5	4	3	10	160	13	9	16	25	30	19	21	21	21	15	12	15	217
Ratio per 1000 . . . . .	26	28	15	6	7	3	2	2	3	2	2	8	102	8	6	11	16	18	11	12	12	12	9	9	12	139
<b>MADRAS</b>	...	4	1	1	...	3	1	1	5	6	3	2	27	22	9	11	11	12	27	27	26	25	23			



EUROPEAN TROOPS, 1902.

TABLE XV.

A.—STRENGTH, ADMISSIONS from ALL CAUSES, ADMISSIONS from ENTERIC FEVER, of the Army of India in 1902, in relation to AGE and LENGTH of RESIDENCE in INDIA.

	BY AGE.						BY LENGTH OF RESIDENCE.						
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 years and upwards.
Strength . . . . .	1,637	22,384	23,727	6,266	1,601	366	8,664	5,421	6,446	9,022	8,274	14,957	3,197
Per cent. of total . . . . .	3	40	42	11	3	1	15	10	12	16	15	27	6
1897-1901 . . . . .	3	47	39	8	2	1	14	16	17	16	13	21	4
Admissions from all causes . . .	1,361	29,481	25,652	4,827	921	203	12,408	6,819	6,178	8,867	8,647	17,406	2,120
Admissions from Enteric Fever . .	16	630	261	31	7	2	428	131	40	127	76	133	12
All causes per 1,000 . . . . .	831'4	1,317'1	1,081'1	770'3	575'3	554'6	1,432'1	1,257'9	958'4	982'8	1,045'1	1,163'7	663'1
Enteric Fever per 1,000 . . . . .	9'8	28'1	11'0	4'9	4'4	5'5	49'4	24'2	6'2	14'1	9'2	8'9	3'8
Liability to Enteric Fever . . . .	15'38	44'11	17'27	7'69	6'91	8'63	42'66	20'90	5'35	12'18	7'94	7'69	3'2
Enteric Fever per cent. of all causes .	1'18	2'14	1'02	'64	'76	'99	3'45	1'92	'65	1'43	'88	'76	'5

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded. Details of age and service of men admitted for enteric fever on the march are not available.

B.—CHANGE of PERSONNEL, YOUTHFULNESS, RECENT ARRIVAL, and MARRIAGE, in relation to VENEREAL DISEASE and ENTERIC FEVER.

YEAR.	ARRIVED IN INDIA.*		YEAR.	PER CENT. OF STRENGTH.			Strength.	RATIO PER 1,000.			RATIO PER CENT. OF TOTAL ADMISSION.			
	Men.	Women.		Age.	Length of residence.	Married. ‡		Admissions.			Venereal Diseases.	Enteric Fever.		
								Under 25 years.	Under 5 years.	All causes.			Venereal Diseases.	Enteric Fever.
1872-73 . . . . .	8,271	809	1872	39	...	11'32	58,870	1,497'0	179'0	3'8	11'96	'25		
1873-74 . . . . .	8,680	816	1873	39	...	11'26	58,769	1,328'1	166'7	3'6	12'55	'27		
1874-75 . . . . .	7,840	673	1874	38	...	11'10	59,308	1,357'7	192'7	4'1	14'20	'30		
1875-76 . . . . .	7,568	752	1875	36	...	10'80	58,409	1,337'8	205'1	2'8	15'33	'21		
1876-77 . . . . .	8,170	591	1876	33	...	10'37	57,858	1,361'5	189'9	4'6	13'95	'34		
1877-78 . . . . .	9,113	482	1877	33	56	9'70	57,260	1,257'3	208'5	4'1	16'59	'32		
1878-79 . . . . .	13,113	575	1878	35	60	7'59	56,475	1,651'3	271'3	8'5	16'43	'51		
1879-80 . . . . .	13,342	612	1879	39	61	6'63	59,082	1,871'2	234'8	8'0	12'55	'43		
1880-81 . . . . .	13,165	664	1880	41	65	6'36	59,717	1,754'2	249'7	7'9	14'23	'45		
1881-82 . . . . .	9,895	349	1881	43	70	5'94	58,728	1,604'6	260'5	5'6	16'23	'35		
1882-83 . . . . .	9,748	325	1882	41	72	5'43	57,269	1,444'9	265'2	6'2	18'35	'43		
1883-84 . . . . .	12,525	433	1883	41	75	5'20	55,525	1,335'7	270'3	7'7	20'23	'58		
1884-85 . . . . .	11,822	393	1884	45	75	5'05	54,996	1,513'4	293'9	11'7	19'42	'77		
1885-86 . . . . .	17,766	508	1885	48	73	4'23	56,967	1,532'7	342'7	11'2	22'36	'73		
1886-87 . . . . .	11,645	372	1886	52	75	3'90	61,015	1,513'9	389'5	18'1	25'73	1'20		
1887-88 . . . . .	11,729	459	1887	52	73	3'84	63,515	1,369'7	361'2	12'7	26'37	'93		
1888-89 . . . . .	12,407	506	1888	50	76	3'65	68,887	1,381'7	370'6	13'6	26'82	'99		
1889-90 . . . . .	12,270	532	1889	49	78	3'60	69,266	1,498'0	481'5	22'9	32'14	1'53		
1890-91 . . . . .	14,046	542	1890	50	80	3'70	67,823	1,520'2	503'5	18'5	33'12	1'22		
1891-92 . . . . .	15,456	529	1891	51	79	3'36	67,030	1,379'1	400'7	20'4	29'06	1'48		
1892-93 . . . . .	15,894	540	1892	51	80	3'29	68,137	1,517'3	409'9	22'1	27'01	1'46		
1893-94 . . . . .	15,090	482	1893	53	79	3'29	70,091	1,414'9	466'0	20'0	32'94	1'41		
1894-95 . . . . .	15,957	517	1894	54	81	...†	71,082	1,508'0	511'4	20'9	33'91	1'38		
1895-96 . . . . .	14,346	654	1895	55	83	...	71,031	1,461'8	522'3	26'3	35'73	1'80		
1896-97 . . . . .	14,805	545	1896	56	82	...	70,484	1,386'7	511'6	25'5	36'89	1'8		
1897-98 . . . . .	16,227	543	1897	55	84	...	68,395	1,556'9	485'7	32'4	31'20	2'08		
1898-99 . . . . .	16,911	648	1898	54	81	...	67,741	1,436'9	362'9	36'9	25'26	2'57		
1899-1900 . . . . .	3,369	168	1899	53	78	...	67,697	1,148'7	313'4	20'6	27'28	1'79		
1900-1901 . . . . .	5,958	185	1900	45	69	...	60,553	1,143'2	298'1	16'0	26'07	1'4		
1901-1902 . . . . .	18,594	438	1901	42	63	...	60,838	1,104'3	276'0	12'8	24'99	1'16		
1902-03 . . . . .	24,840	961	1902	43	68	...	60,540	1,078'4	281'4	16'7	26'09	1'5		

\* In ordinary years the departures plus the deaths nearly balance the arrivals. † Return abolished. ‡ On the 1st May of each year.



TABLE XVI.

RELATION of MORTALITY to AGE and LENGTH of RESIDENCE in INDIA.

A.—AGE.												B.—LENGTH OF RESIDENCE IN INDIA.														
CAUSES OF DEATH.	(a) DIED PER 1,000.						(b) LIABILITY IN PERCENTAGES.						(g) DIED PER 1,000.						(h) LIABILITY IN PERCENTAGES.							
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Enteric Fever	1'83	7'06	2'91	1'92	1'87	...	12	45	19	12	12	...	13'50	4'61	1'40	2'88	2'78	2'74	1'25	46	16	5	10	10	9	4
Cholera	...	0'09	...	0'16	...	...	...	36	...	64	...	...	...	12	18	...	...	...	31	20	30	...	...	...	...	51
Dysentery	61	54	89	96	62	...	17	15	25	27	17	...	1'15	1'11	1'16	1'00	85	47	31	23	22	3	20	17	9	6
Intermittent and Remittent Fevers	...	63	67	1'12	62	2'73	...	11	12	19	11	47	69	1'48	16	33	97	67	94	13	28	3	6	19	13	18
Alcoholism	...	04	13	64	62	2'73	...	1	3	15	15	66	...	...	...	11	24	40	31	...	...	...	10	23	38	29
Tubercle of the lungs	61	13	97	32	1'25	2'73	10	2	16	5	21	45	12	37	47	33	24	1'20	94	3	10	13	9	7	33	26
Nervous Diseases.	...	27	30	64	62	...	...	15	16	35	34	...	58	55	31	...	12	40	31	26	24	14	...	5	18	14
Circulatory Diseases	...	31	1'39	2'23	2'50	2'73	...	3	15	24	27	30	69	18	31	55	1'33	1'94	1'56	11	3	5	8	20	30	24
Pneumonia	...	67	1'26	1'12	1'87	...	...	14	26	23	38	...	81	74	47	78	97	1'60	63	14	12	8	13	16	27	10
Other Respiratory Diseases	...	18	34	48	...	...	...	18	34	48	...	...	35	...	...	22	24	47	31	22	...	...	14	15	30	19
Abscess of the liver	61	1'38	2'61	2'23	1'25	2'73	6	13	24	21	12	25	2'65	37	47	2'11	1'81	3'14	63	24	3	4	19	16	28	6
Urinary Diseases	...	09	17	48	62	2'73	...	2	4	12	15	67	12	...	16	...	...	47	63	9	...	12	...	...	34	46
All Diseases	3'67	11'39	11'63	12'29	11'87	16'39	5	17	17	18	18	24	20'78	9'59	3'88	8'31	9'55	13'51	8'13	28	13	5	11	13	18	11
Heat-stroke	...	45	97	96	2'50	...	...	9	20	20	51	...	1'73	92	31	33	48	80	63	33	18	6	6	9	15	12
Suicide	...	09	42	16	1'25	...	...	5	22	8	65	...	35	18	16	...	24	47	31	20	11	9	...	14	27	18
Other injuries	...	1'43	1'10	80	...	...	...	43	33	24	...	...	1'96	74	1'09	1'33	73	1'14	...	28	11	16	19	10	16	...
All Causes	3'67	14'52	15'38	16'60	16'86	21'86	4	16	17	19	19	25	26'20	11'81	5'90	11'19	12'45	17'98	10'32	27	12	6	12	13	19	11
(c) NUMBER OF DEATHS.						(d) COMPOSITION OF 100 DEATHS AT EACH AGE.						(i) NUMBER OF DEATHS.						(j) COMPOSITION OF 100 DEATHS IN EACH PERIOD OF RESIDENCE.								
Enteric Fever	3	158	69	12	3	...	50	49	19	12	11	...	117	25	9	26	23	41	4	52	39	24	26	22	15	12
Cholera	...	2	...	1	...	...	...	1	...	1	...	...	1	1	...	...	...	...	1	...	2	...	...	...	...	3
Dysentery	1	12	21	6	1	...	17	4	6	6	4	...	10	6	1	9	7	7	1	4	9	3	9	7	3	3
Intermittent and Remittent Fevers	...	14	16	7	1	1	...	4	4	7	4	12	6	8	1	3	8	10	3	3	12	3	3	8	4	9
Alcoholism	...	1	3	4	1	1	...	...	1	4	4	12	...	...	...	1	2	6	1	...	...	...	1	2	2	3
Tubercle of the lungs	1	3	23	2	2	1	17	1	6	2	7	12	1	2	3	3	2	18	3	...	3	8	3	2	7	9
Nervous Diseases.	...	6	7	4	1	...	...	2	2	4	4	...	5	3	2	...	1	6	1	2	5	5	...	1	2	3
Circulatory Diseases	...	7	33	14	4	1	...	2	9	13	15	12	6	1	2	5	11	29	5	3	2	5	5	11	11	15
Pneumonia	...	15	30	7	3	...	...	5	8	7	11	...	7	4	3	7	8	24	2	3	6	8	7	8	9	6
Other Respiratory Diseases	...	4	8	3	...	...	...	1	2	3	...	...	3	...	...	2	2	7	1	1	...	...	2	2	3	3
Abscess of the liver	1	31	62	14	2	1	17	10	17	13	7	12	23	2	3	19	15	47	2	10	3	8	19	15	17	6
Urinary Diseases	...	2	4	3	1	1	...	1	1	3	4	12	1	...	1	...	...	7	2	...	...	3	...	...	3	6
All Diseases	6	255	276	77	19	6	100	78	76	74	70	75	180	52	25	75	79	202	26	79	81	66	74	77	75	79
Heat-stroke	...	10	23	6	4	...	...	3	6	6	15	...	15	5	2	3	4	12	2	7	8	5	3	4	4	6
Suicide	...	2	10	1	2	...	...	1	3	1	7	...	3	1	1	...	2	7	1	1	2	3	...	2	3	3
Other injuries	...	32	26	5	...	...	...	10	7	5	...	...	17	4	7	12	6	17	...	7	6	18	12	6	6	...
All Causes	6	325	365	104	27	8	100	100	100	100	100	100	227	64	38	101	103	269	33	100	100	100	100	100	100	100
(e) NUMBER OF DEATHS.						(f) PERCENTAGE AT EACH AGE TO TOTAL NUMBER.						(k) NUMBER OF DEATHS.						(l) PERCENTAGE IN EACH PERIOD OF RESIDENCE TO TOTAL NUMBER.								
Enteric Fever	3	158	69	12	3	...	1	64	28	5	1	...	117	25	9	26	23	41	4	48	10	4	11	9	17	2
Cholera	...	2	...	1	...	...	...	67	...	33	...	...	1	1	...	...	...	...	1	33	33	...	...	...	...	33
Abscess of the liver	1	31	62	14	2	1	1	28	56	13	2	1	23	2	3	19	15	47	2	21	2	3	17	14	42	2
Suicide	...	2	10	1	2	...	...	13	67	7	13	...	3	1	1	...	2	7	1	20	7	7	...	13	47	7
All Causes	6	325	365	104	27	8	1	39	44	12	3	1	227	64	38	101	103	269	33	27	8	5	12	12	32	4

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded.



## EUROPEAN TROOPS, 1902.

TABLE XVII.

RELATION of INVALIDING to AGE and LENGTH of RESIDENCE in INDIA.

A.—AGE.													B.—LENGTH OF RESIDENCE IN INDIA.																																						
CAUSES OF INVALIDING.	(a) INVALIDED PER 1,000.						(b) LIABILITY IN PERCENTAGES.						(g) INVALIDED PER 1,000.						(h) LIABILITY IN PERCENTAGES.																																
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.																										
Dysentery . . .	'61	'85	1'05	1'12	1'25	..	12	17	22	23	26	..	'46	'55	'47	'55	1'33	1'67	'94	8	9	8	9	22	28																										
Intermittent and Remittent Fevers	3'05	4'60	4'13	4'15	3'12	16'39	9	13	12	12	9	46	2'89	3'32	3'57	4'21	3'87	6'15	4'69	10	12	12	15	13	21																										
Venereal Diseases	'61	3'98	7'38	5'90	2'50	..	3	20	36	29	12	..	1'62	2'40	3'10	4'43	3'26	12'30	2'50	5	8	10	15	11	42																										
Debility . . .	3'05	3'98	5'27	5'27	14'99	21'86	6	7	10	10	28	40	2'54	4'24	3'72	3'55	3'63	7'89	10'95	7	12	10	10	10	22																										
Rheumatism . . .	..	'58	1'77	1'12	1'25	10'93	..	4	11	7	8	70	'23	'37	'47	'44	1'57	2'54	1'88	3	5	6	6	21	34																										
Tubercle of the lungs . . .	..	'80	2'07	1'76	2'50	2'73	..	8	21	18	25	28	'92	'37	1'71	1'00	1'21	2'61	1'25	10	4	19	11	13	29																										
Mental Diseases . . .	'61	1'16	1'56	1'92	'62	..	10	20	27	33	11	..	'81	1'11	'93	1'66	'97	2'07	1'25	9	13	11	19	11	24																										
Epilepsy . . .	'61	'85	'93	'64	..	..	20	28	31	21	..	..	1'15	'74	'62	'44	'48	1'07	1'25	20	13	11	8	8	19																										
Other Nervous Diseases . . .	..	'94	1'05	2'07	1'87	2'73	..	11	12	24	22	32	1'04	'74	'47	'55	'85	1'94	1'88	14	10	6	7	11	26																										
Eye, ear, and nose Diseases . . .	1'22	3'17	1'43	1'60	1'25	2'73	11	28	13	14	11	24	2'42	3'69	1'71	2'22	1'57	2'14	'94	16	25	12	15	11	15																										
Palpitation . . .	1'83	3'08	2'36	1'12	1'25	..	19	32	24	12	13	..	3'00	2'95	1'71	2'00	2'42	2'81	1'25	19	18	11	12	15	17																										
Valvular disease of the heart . . .	1'22	2'19	2'36	2'55	..	5'46	9	16	17	19	..	40	1'15	2'58	1'40	1'44	1'57	3'68	3'44	8	17	9	9	10	24																										
Other Circulatory Diseases . . .	..	'54	1'98	2'28	'62	..	..	12	45	29	14	..	1'39	..	'62	'11	'73	2'74	1'25	20	..	9	2	11	40																										
Respiratory Diseases . . .	..	'49	1'10	'48	1'25	..	..	15	33	14	38	..	'23	..	'47	'89	'73	1'34	'94	5	..	10	19	16	29																										
Hepatitis and Abscess of the liver	..	'89	2'28	2'71	6'25	10'93	..	4	10	12	27	47	'46	'74	'78	1'11	1'21	3'48	6'26	3	5	6	8	9	25																										
Locomotive Diseases . . .	2'44	1'52	1'26	'64	'62	2'73	26	17	14	7	7	30	1'27	1'11	1'71	1'55	'60	1'67	'63	15	13	20	18	7	20																										
Injuries . . .	1'83	'94	1'18	1'44	1'87	..	25	13	16	20	26	..	'69	1'29	'62	'67	'85	2'07	'94	10	18	9	9	12	29																										
All Causes . . .	20'16	34'31	45'22	40'22	46'22	79'23	8	13	17	15	17	30	26'32	29'15	26'99	29'48	30'58	66'66	47'86	10	11	11	11	12	26																										
(c) NUMBER INVALIDED.													(d) COMPOSITION OF 100 INVALIDINGS AT EACH AGE.													(i) NUMBER INVALIDED.													(j) COMPOSITION OF 100 INVALIDINGS IN EACH PERIOD OF RESIDENCE.												
Dysentery . . .	1	19	25	7	2	..	3	2	2	3	3	..	4	3	3	5	11	25	3	2	2	2	2	4	3																										
Intermittent and Remittent Fevers	5	103	98	26	5	6	15	13	9	10	7	21	25	18	23	38	32	92	15	11	11	13	14	13	9																										
Venereal Diseases	1	89	175	37	4	..	3	12	16	15	5	..	14	13	20	40	27	184	8	6	8	11	15	11	18																										
Debility . . .	5	89	125	33	24	8	15	12	12	13	32	28	22	23	24	32	30	118	35	10	15	14	12	12	12																										
Rheumatism . . .	..	13	42	7	2	4	..	2	4	3	3	14	2	2	3	4	13	38	6	1	1	2	2	5	4																										
Tubercle of the lungs . . .	..	18	49	11	4	1	..	2	5	4	5	3	8	2	11	9	10	39	4	4	1	6	3	4	4																										
Mental Diseases . . .	1	26	37	12	1	..	3	3	3	5	1	..	7	6	6	15	8	31	4	3	4	3	6	3	3																										
Epilepsy . . .	1	19	22	4	..	..	3	2	2	2	..	..	10	4	4	4	4	16	4	4	3	2	2	2	2																										
Other Nervous Diseases . . .	..	21	25	13	3	1	..	3	2	5	4	3	9	4	3	5	7	29	6	4	3	2	2	3	3																										
Eye, ear, and nose Diseases . . .	2	71	34	10	2	1	6	9	3	4	3	3	21	20	11	20	13	32	3	9	13	6	8	5	3																										
Palpitation . . .	3	69	56	7	2	..	9	9	5	3	3	..	26	16	11	18	20	42	4	11	10	6	7	8	4																										
Valvular disease of the heart . . .	2	49	56	16	..	2	6	6	5	6	..	7	10	14	9	13	13	55	11	4	9	5	5	5	6																										
Other Circulatory Diseases . . .	..	12	47	8	1	..	..	2	4	3	1	..	12	..	4	1	6	41	4	5	..	2	..	2	4																										
Respiratory Diseases . . .	..	11	26	3	2	..	..	1	2	1	3	..	2	..	3	8	6	20	3	1	..	2	3	2	2																										
Hepatitis and Abscess of the liver	..	20	54	17	10	4	..	3	5	7	14	14	4	4	5	10	10	52	20	2	3	3	4	4	5																										
Locomotive Diseases . . .	4	34	30	4	1	1	12	3	3	2	1	3	11	6	11	14	5	25	2	5	4	6	5	2	3																										
Injuries . . .	3	21	28	9	3	..	9	3	3	4	4	..	6	7	4	6	7	31	3	3	4	2	2	3	3																										
All Causes . . .	33	768	1,073	252	74	29	100	100	100	100	100	100	228	158	174	266	253	997	153	100	100	100	100	100	100																										
(e) NUMBER INVALIDED.													(f) PERCENTAGE AT EACH AGE TO TOTAL NUMBER.													(k) NUMBER INVALIDED.													(l) PERCENTAGE IN EACH PERIOD OF RESIDENCE TO TOTAL NUMBER.												
Intermittent and Remittent Fevers	5	103	98	26	5	6	2	42	40	11	2	2	25	18	23	38	32	92	15	10	7	9	16	13	38																										
Venereal Diseases	1	89	175	37	4	..	..	29	57	12	1	..	14	13	20	40	27	184	8	5	4	7	13	9	60																										
Debility . . .	5	89	125	33	24	8	2	31	44	12	8	3	22	23	24	32	30	118	35	8	8	8	11	11	42																										
All Causes . . .	33	768	1,073	252	74	29	1	34	48	11	3	1	228	158	174	266	253	997	153	10	7	8	12	11	45																										

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded.

EUROPEAN TROOPS, 1902.

TABLE XVIII.

STATISTICS OF OFFICERS.

A.—SICKNESS and MORTALITY among OFFICERS of the BRITISH ARMY in 1902. (From the medical returns of the army.)

	RATIOS PER 1,000 OF STRENGTH.						ACTUALS.					
	Bengal.	Punjab.	Madras.	Bombay.	Delhi Manœuvres and Durbar Force.	India.	Bengal.	Punjab.	Madras.	Bombay.	Delhi Manœuvres and Durbar Force.	India.
STRENGTH . . . . .	...	...	...	...	...	...	548	472	372	481	58	1931
CONSTANTLY SICK . . . . .	29'3	33'3	26'2	27'4	50'5	29'9	16'06	15'73	9'74	13'19	2'93	57'65
INVALIDS . . . . .	69'3	76'3	78'0	76'9	51'7	74'1	38	36	29	37	3	143
CASES REMAINING FROM 1901 .	...	...	...	...	...	...	8	17	11	10	...	46
ADMISSIONS . . . . .	751'8	862'3	838'7	783'8	1,241'4	818'2	412	407	312	377	72	1,580
Influenza . . . . .	14'6	12'7	16'1	6'2	34'5	12'9	8	6	6	3	2	25
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	2'1	2'7	2'1	...	1'6	...	1	1	1	...	3
Enteric Fever . . . . .	20'1	53'0	21'5	20'8	86'2	30'6	11	25	8	10	5	59
Intermittent Fever . . . . .	169'7	235'2	145'2	237'0	362'1	203'5	93	111	54	114	21	393
Remittent Fever . . . . .	9'1	21'2	5'4	12'5	51'7	13'5	5	10	2	6	3	26
Simple Continued Fever . . . . .	21'9	12'7	37'6	39'5	17'2	26'9	12	6	14	19	1	52
Tubercle of the lungs . . . . .	...	2'1	...	2'1	...	1'0	...	1	...	1	...	2
Pneumonia . . . . .	...	10'6	...	2'1	86'2	5'7	...	5	...	1	5	11
Other Respiratory Diseases . . . . .	5'5	23'3	16'1	10'4	...	12'9	3	11	6	5	...	25
Dysentery . . . . .	31'0	8'5	24'2	18'7	120'7	23'8	17	4	9	9	7	46
Diarrhœa . . . . .	62'0	38'1	43'0	22'9	17'2	41'4	34	18	16	11	1	80
Hepatic Abscess . . . . .	1'8	...	...	4'2	...	1'6	1	...	...	2	...	3
„ Congestion and Inflammation . . . . .	25'5	25'4	24'2	27'0	...	24'9	14	12	9	13	...	48
Venereal Diseases . . . . .	3'6	4'2	21'5	10'4	...	8'8	2	2	8	5	...	17
DEATHS . . . . .	12'77	21'19	10'75	18'72	17'24	16'05	7	10	4	9	1	31
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever . . . . .	5'47	12'71	...	4'16	17'24	6'21	3	6	...	2	1	12
Intermittent Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Circulatory Diseases . . . . .	...	2'12	...	2'08	...	1'04	..	1	...	1	...	2
Tubercle of the lungs . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery . . . . .	1'82	...	2'69	...	...	1'04	1	...	1	...	...	2
Diarrhœa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	1'82	...	...	4'16	...	1'55	1	...	...	2	...	3
DEATHS OUT OF HOSPITAL . . . . .	3'65	4'24	10'75	2'08	...	4'66	2	2	4	1	...	9

B.—CAUSES of DEATH among OFFICERS of the BRITISH and INDIAN ARMIES in 1902. (From non-medical sources.)

ARMIES.			IN INDIA.															Deaths in England and other countries.		Deaths at sea.	GRAND TOTAL.	Ratio per 1,000.
	Strength in India, whether on leave or not, on the 1st of July 1902.	Strength in Europe or beyond sea on 1st July 1902, whether on furlough or sick leave.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	TOTAL.					
BRITISH	2,535	600	..	..	12	..	..	..	..	2	..	..	..	2	..	3	31	8	..	39	12'44	
INDIAN	2,450	812	..	..	9	..	..	..	1	2	..	..	..	..	..	1	18	10	3	31	9'50	



# EUROPEAN TROOPS, 1902.

## TABLE XVIII—continued.

### STATISTICS OF OFFICERS.

C.—ENTERIC FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Rangoon . . . . .	29	1	..	..	..	..	..	..	..	..	..	..	..	1	34'5	..	..
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	32	1	..	..	..	..	..	..	..	..	..	..	..	1	31'2	..	..
Fort Dufferin . . . . .	19	..	..	1	..	..	..	..	..	..	..	..	..	1	52'6	..	..
Shwebo . . . . .	14	..	..	..	..	1	..	..	..	..	..	..	..	1	71'4	..	..
GROUP II.—BURMA INLAND . . . . .	44	..	..	1	..	1	..	..	..	..	..	..	..	2	45'5	..	..
<b>B</b>																	
Allahabad . . . . .	25	..	..	..	1	..	..	..	..	..	..	..	..	1	40'0	..	..
Lucknow . . . . .	56	..	..	..	..	2	..	..	..	..	..	..	..	2	35'7	1	17'0
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	164	..	..	..	1	2	..	..	..	..	..	..	..	3	18'3	1	6'0
<b>A</b>																	
Roorkee . . . . .	11	..	..	..	..	..	..	..	..	1	..	..	..	1	90'9	..	..
Meerut . . . . .	36	..	..	..	1	1	..	..	..	..	..	..	..	2	55'6	..	..
Umballa . . . . .	42	..	1	..	..	..	..	..	..	..	..	..	..	1	23'8	..	..
<b>B</b>																	
Jullundur . . . . .	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	76'0
Meean Meer . . . . .	26	..	..	..	1	..	..	..	..	..	..	..	..	1	38'5	..	..
Sialkot . . . . .	33	..	..	..	..	..	..	..	1	..	..	..	..	1	30'3	1	30'0
Rawalpindi . . . . .	65	..	..	..	..	..	..	..	..	..	..	..	2	2	30'8	..	..
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	315	..	1	..	2	1	..	..	1	1	..	..	2	8	25'4	2	6'0
<b>A</b>																	
Peshawar . . . . .	41	..	..	..	..	..	..	..	..	..	..	3	..	3	73'2	1	24'0
Mooltan . . . . .	23	..	1	..	..	..	..	..	..	..	..	..	..	1	43'5	..	..
<b>C</b>																	
Kurrachee . . . . .	38	..	..	..	..	..	..	..	1	..	1	..	..	2	52'6	..	..
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	122	..	1	..	..	..	..	..	1	..	1	3	..	6	49'2	1	8'0
<b>B</b>																	
Neemuch . . . . .	8	..	..	..	..	..	..	..	..	1	..	..	..	1	125'0	..	..
Nasirabad . . . . .	12	..	..	..	..	..	..	1	..	..	..	..	..	1	83'3	..	..
Agra . . . . .	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	34'0
Jhansi . . . . .	21	..	..	..	..	..	..	..	..	1	..	..	..	1	47'6	1	47'0
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	134	..	..	..	..	..	..	1	..	2	..	..	..	3	22'4	2	14'0

\* Stations where Enteric fever did not occur are not shown in this table.





# EUROPEAN TROOPS, 1902.

## TABLE XVIII—concluded.

### STATISTICS OF OFFICERS.

#### D.—DETAIL of DISEASES.

DISEASES.	INDIA.			DISEASES.	INDIA.		
	Admis- sions.	Deaths.	Invali- dings.		Admis- sions.	Deaths.	Inval- ing.
Small-pox . . . . .	3	...	1	Hepatitis . . . . .	16	...	...
Chicken-pox . . . . .	2	...	...	Abscess of the liver . . . . .	3	3	...
Measles . . . . .	14	...	...	Perihepatitis . . . . .	1	...	...
Rubella . . . . .	2	...	...	Congestion of liver . . . . .	31	...	...
Dengue . . . . .	40	...	...	Jaundice . . . . .	32	...	...
Influenza . . . . .	25	...	...	Cholecystitis . . . . .	2	...	...
Whooping cough . . . . .	1	...	...	Inflammation of lymph glands . . . . .	21	...	...
Mumps . . . . .	3	...	...	Suppuration of lymph glands . . . . .	1	...	...
Diphtheria . . . . .	3	1	2	Inflammation of lymphatics . . . . .	6	...	...
Simple continued fever . . . . .	52	...	...	Acute nephritis . . . . .	2	...	...
Enteric fever . . . . .	59	12	20	Pyelitis . . . . .	1	...	...
Mediterranean fever . . . . .	1	...	...	Calculus in ureter . . . . .	1	...	...
Dysentery . . . . .	46	2	11	Hæmaturia . . . . .	1	...	...
Intermittent fever . . . . .	393	...	13	Lithuria . . . . .	2	...	...
Remittent fever . . . . .	26	...	2	Inflammation of the bladder . . . . .	5	...	...
Erysipelas . . . . .	2	...	...	Calculus in the bladder . . . . .	1	...	...
Tubercle of the lungs . . . . .	2	...	1	Urethritis . . . . .	1	...	...
Secondary syphilis . . . . .	4	...	...	Hæmorrhage from urethra . . . . .	1	...	...
Gonorrhœa . . . . .	10	...	...	Stricture of the urethra . . . . .	1	...	...
Tænia Solium . . . . .	3	...	...	Urethral fistula . . . . .	2	...	...
Culex anxifer . . . . .	1	...	...	Phimosi . . . . .	4	...	...
Ringworm . . . . .	1	...	...	Soft chancre . . . . .	3	...	...
Alcoholism . . . . .	3	1	...	Varicocele . . . . .	3	...	...
Rheumatism . . . . .	16	...	2	Hydrocele . . . . .	1	...	...
Gout . . . . .	4	...	...	Orchitis . . . . .	11	...	...
Cyst . . . . .	1	...	...	Epididymitis . . . . .	2	...	...
Anæmia . . . . .	1	...	...	Periostitis . . . . .	2	...	...
Malposition of testicle . . . . .	1	...	...	Synovitis . . . . .	30	...	...
Debility . . . . .	27	...	19	Dislocation of articular cartilage . . . . .	1	...	...
Pachymeningitis . . . . .	1	...	...	Myalgia . . . . .	1	...	...
Sanguineous apoplexy . . . . .	1	...	...	Inflammation of tendons . . . . .	1	...	...
Congestion of the brain . . . . .	2	...	1	Tenosynovitis . . . . .	2	...	...
Megrim . . . . .	1	...	...	Bursitis . . . . .	1	...	...
Neuralgia . . . . .	16	...	3	Inflammation of connective tissue . . . . .	22	...	...
Mania . . . . .	2	...	1	Abscess of the connective tissue . . . . .	23	...	...
Conjunctivitis . . . . .	6	...	...	Urticaria . . . . .	2	...	...
Iritis . . . . .	1	...	...	Eczema . . . . .	8	...	...
Optic neuritis . . . . .	1	...	1	Impetigo . . . . .	2	...	...
Œdema of eyelids . . . . .	1	...	...	Psoriasis . . . . .	2	...	...
Inflammation of the external ear . . . . .	6	...	...	Pemphigus . . . . .	2	...	...
Inflammation of the middle ear . . . . .	3	...	...	Ulcer . . . . .	22	...	...
Deafness . . . . .	1	...	1	Boil . . . . .	27	...	...
Valve disease of the heart . . . . .	1	...	1	Carbuncle . . . . .	6	...	...
Fatty degeneration of heart . . . . .	...	...	1	Whitlow . . . . .	1	...	...
Thrombus . . . . .	1	1	...	Onychia . . . . .	4	...	...
Disordered action of the heart . . . . .	2	...	...	Corn . . . . .	1	...	...
Syncope . . . . .	1	...	...	Heat-stroke . . . . .	1	...	...
Aneurysm of arteries . . . . .	...	1	...	Sun-stroke . . . . .	1	...	...
Phlebitis . . . . .	7	...	1	Contusion . . . . .	68	...	...
Laryngitis . . . . .	2	...	1	Strains and sprains . . . . .	60	...	...
Bronchitis . . . . .	15	...	...	Rupture of muscles, tendons, etc. . . . .	2	...	...
Spasmodic asthma . . . . .	1	...	...	Wounds . . . . .	28	1	...
Hæmoptysis . . . . .	1	...	1	„ gunshot . . . . .	2	4	...
Pneumonia . . . . .	11	...	2	Abrasions . . . . .	8	...	...
Broncho-pneumonia . . . . .	1	...	...	Fracture of base of skull . . . . .	1	3	...
Pleurisy . . . . .	5	...	...	Fracture of other bones . . . . .	22	...	...
Inflammation of the dental periosteum . . . . .	1	...	...	Dislocation . . . . .	7	...	...
Gum-boil . . . . .	5	...	...	Concussion of brain . . . . .	7	...	...
Sore-throat . . . . .	21	...	...	Concussion of spinal cord . . . . .	4	...	...
Ulceration of the palate and fauces . . . . .	2	...	...	Poison, camphor . . . . .	1	...	...
Tonsillitis, follicular . . . . .	26	...	...	Poisoned wound, syphilitic inoculation . . . . .	2	...	...
Quinsy . . . . .	3	...	...	Poisoned wound, by dog . . . . .	1	...	...
Gastritis . . . . .	10	...	1	„ „ not defined . . . . .	1	...	...
Indigestion . . . . .	12	...	1	„ „ inoculation, Kasauli . . . . .	2	...	...
Inflammation of the intestines . . . . .	2	...	2	„ „ by wasp . . . . .	1	...	...
Enteritis . . . . .	5	1	...	„ „ by septic matter . . . . .	3	...	...
Typhlitis . . . . .	8	...	3	No appreciable disease . . . . .	2	...	...
Inflammation of intestines, catarrhal . . . . .	7	...	1				
Sprue . . . . .	1	1	...				
Hernia . . . . .	1	...	1				
Stricture of the intestines . . . . .	2	...	1				
Intestinal dyspepsia . . . . .	1	...	...				
Colic . . . . .	9	...	...				
Diarrhœa . . . . .	80	...	3				
Abscess of the rectum and anus . . . . .	1	...	...				
Piles . . . . .	8	...	1				
				TOTAL . . . . .	1,580	31	14

## B. WOMEN.



## TABLE XIX.

RATIOS AND ACTUALS OF COMMANDS.

	Bengal Command.		Punjab Command.		Madras Command.		Bombay Command.		India.*		
Strength . . . . .	771		623		521		640		2,555		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1901.
Constantly sick . . . . .	33'4	25'78	31'7	19'75	40'7	21'22	40'1	25'67	36'2	92'42	
ADMISSIONS —											
Influenza . . . . .	3'9	3	...	...	1'9	1	...	...	1'6	4	...
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	3'9	3	1'6	1	1'9	1	1'6	1	2'3	6	...
Enteric Fever . . . . .	6'5	5	9'6	6	3'8	2	10'9	7	7'8	20	2
Intermittent Fever . . . . .	124'5	96	93'1	58	130'5	68	240'6	154	147'2	376	5
Remittent Fever . . . . .	7'8	6	1'6	1	7'7	4	9'4	6	6'7	17	2
Simple Continued Fever . . . . .	3'9	3	9'6	6	17'3	9	3'1	2	7'8	20	...
Tubercle of the lungs . . . . .	1'3	1	1'6	1	3'8	2	1'6	1	2'0	5	2
Pneumonia . . . . .	1'3	1	3'2	2	...	...	1'6	1	1'6	4	1
Other Respiratory Diseases . . . . .	7'8	6	6'4	4	38'4	20	17'2	11	16'0	41	5
Dysentery . . . . .	20'8	16	6'4	4	23'0	12	18'8	12	17'2	44	1
Diarrhœa . . . . .	27'3	21	8'0	5	3'8	2	9'4	6	13'3	34	...
Anæmia and Debility . . . . .	310'0	239	332'3	207	263'0	137	368'8	236	320'5	819	23
Abortion and Puerperal Affections . . . . .	45'4	35	28'9	18	32'6	17	59'4	38	42'3	108	2
Other diseases peculiar to women . . . . .	41'5	32	70'6	44	92'1	48	45'3	29	59'9	153	5
ALL CAUSES . . . . .	703'0	542	685'4	427	925'1	482	925'0	592	799'6	2,043	63
DEATHS —											
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	Deaths out of Hospital.
Small-pox . . . . .	...	...	1'61	1	1'92	1	...	...	...	78	2
Enteric Fever . . . . .	...	...	4'82	3	...	...	3'13	2	1'96	5	...
Intermittent Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever . . . . .	3'89	3	...	...	1'92	1	1'56	1	1'96	5	...
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	2'59	2	...	...	...	...	...	...	...	78	2
Pneumonia . . . . .	...	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases . . . . .	...	...	...	...	...	...	...	...	...	...	...
Dysentery . . . . .	...	...	...	...	...	...	1'56	1	...	39	1
Diarrhœa . . . . .	1'30	1	...	...	...	...	...	...	...	39	1
Hepatic Abscess . . . . .	...	...	1'61	1	...	...	...	...	...	39	1
Childbirth and Abortion . . . . .	1'30	1	8'03	5	...	...	4'69	3	3'52	9	1
ALL CAUSES . . . . .	14'27	11	24'08	15	5'76	3	14'06	9	14'87	38	1
PERCENTAGE IN 100 ADMISSIONS—											
Influenza . . . . .	...	55	...	...	...	21	...	...	...	20	...
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	55	...	23	...	21	...	17	...	29	...
Enteric Fever . . . . .	...	92	...	1'41	...	41	...	1'18	...	98	...
Intermittent Fever . . . . .	...	17'71	...	13'58	...	14'11	...	26'01	...	18'40	...
Remittent Fever . . . . .	...	1'11	...	23	...	83	...	1'01	...	83	...
Simple Continued Fever . . . . .	...	55	...	1'41	...	1'87	...	34	...	98	...
Tubercle of the lungs . . . . .	...	18	...	23	...	41	...	17	...	24	...
Pneumonia . . . . .	...	18	...	47	...	...	...	17	...	20	...
Other Respiratory Diseases . . . . .	...	1'11	...	94	...	4'15	...	1'86	...	2'01	...
Dysentery . . . . .	...	2'95	...	94	...	2'49	...	2'03	...	2'15	...
Diarrhœa . . . . .	...	3'87	...	1'17	...	41	...	1'01	...	1'66	...
Anæmia and Debility . . . . .	...	44'10	...	48'48	...	28'42	...	39'86	...	40'09	...
Abortion and Puerperal Affections . . . . .	...	6'45	...	4'22	...	3'53	...	6'42	...	5'29	...
Other diseases peculiar to women . . . . .	...	5'90	...	10'30	...	9'96	...	4'90	...	7'49	...
PERCENTAGE IN 100 DEATHS—											
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	...	...	6'7	...	33'3	...	...	...	5'3	...
Enteric Fever . . . . .	...	...	...	20'0	...	...	...	22'2	...	13'2	...
Intermittent Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever . . . . .	...	27'3	...	...	...	33'3	...	11'1	...	13'2	...
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	...	18'2	...	...	...	...	...	...	...	5'3	...
Pneumonia . . . . .	...	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases . . . . .	...	...	...	...	...	...	...	...	...	...	...
Dysentery . . . . .	...	...	...	...	...	...	...	11'1	...	2'6	...
Diarrhœa . . . . .	...	9'1	...	...	...	...	...	...	...	2'6	...
Hepatic Abscess . . . . .	...	...	...	6'7	...	...	...	...	...	2'6	...
Childbirth and Abortion . . . . .	...	9'1	...	33'3	...	...	...	33'3	...	23'7	...

\* For complete detail of diseases, see Table LIII.

TABLE XXI.

ENTERIC FEVER by months, stations, groups, and commands.

STATIONS,* GROUPS, AND COMMANDS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total ad- missions.	Admission-rate per 1,000 of strength.	Total deaths.	Death- rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
B																	
abad . . . . .	29	...	I	...	...	...	...	...	...	...	...	...	...	I	34.5	...	...
now . . . . .	65	...	...	...	...	...	...	...	...	...	...	I	...	I	15.4	...	...
UP V.—GANGETIC PLAIN D CHUTIA NAGPUR . . .	220	...	I	...	...	...	...	...	...	...	...	I	...	2	9.1	...	...
B																	
zepore . . . . .	53	...	...	...	I	...	...	...	...	...	...	...	...	I	18.9	I	18.87
an Meer . . . . .	38	...	...	...	...	...	I	...	...	...	...	...	...	I	26.3	I	26.32
alpindi . . . . .	110	...	...	...	...	I	...	...	...	I	...	...	...	2	18.2	I	9.09
UP VI.—UPPER SUB-HIMA- YA . . . . .	468	...	...	...	I	I	I	...	...	I	...	...	...	4	8.5	3	6.41
A																	
tan . . . . .	28	...	...	...	I	...	...	...	...	...	...	...	...	I	35.7	...	...
UP VII.—N.-W. FRONTIER, DUS VALLEY, AND NORTH- WESTERN RAJPUTANA . . .	160	...	...	...	I	...	...	...	...	...	...	...	...	I	6.2	...	...
B																	
abad . . . . .	18	...	...	...	I	...	...	...	...	...	...	...	...	I	55.6	...	...
. . . . .	41	...	...	...	I	...	...	...	...	...	...	...	...	I	24.4	...	...
w . . . . .	49	...	...	...	...	...	...	...	...	...	...	I	...	I	20.4	...	...
UP VIII.—SOUTH-EASTERN AJPUTANA, CENTRAL INDIA, D GUJARAT . . . . .	190	...	...	...	2	...	...	...	...	...	...	I	...	3	15.8	...	...
A																	
ulpore . . . . .	26	...	...	I	...	...	...	...	...	...	...	...	...	I	38.5	...	...
B																	
na . . . . .	64	...	...	...	...	...	...	...	I	...	...	...	...	I	15.6	I	15.62
ee . . . . .	64	...	...	...	...	...	...	I	...	...	...	...	...	I	15.6	...	...
hednagar . . . . .	34	...	...	...	...	I	...	...	...	...	...	...	...	I	29.4	...	...
UP IX.—DECCAN . . . . .	367	...	...	I	...	I	...	I	I	...	...	...	...	4	10.9	I	2.72
aba . . . . .	106	...	...	...	...	...	...	...	...	...	...	I	...	I	9.4	I	9.43
UP X.—WESTERN COAST . . .	112	...	...	...	...	...	...	...	...	...	...	I	...	I	8.9	I	8.93
A																	
galore . . . . .	89	...	...	...	...	...	...	...	...	...	...	...	2	2	22.5	...	...
UP XI.—SOUTHERN INDIA . .	187	...	...	...	...	...	...	...	...	...	...	...	2	2	10.7	...	...
gh . . . . .	10	...	...	...	I	...	...	...	...	...	...	...	...	I	100.0	...	...
ta . . . . .	90	...	...	...	...	...	...	...	I	...	...	...	...	I	11.1	...	...
UP XIIa.—HILL STATIONS	328	...	...	...	I	...	...	...	I	...	...	...	...	2	6.1	...	...
hmarhi . . . . .	8	...	...	...	...	...	...	...	I	...	...	...	...	I	125.0	...	...
UP XIIb.—HILL CON- ALESCENT DEPÔTS, AND ANITARIA . . . . .	214	...	...	...	...	...	...	...	I	...	...	...	...	I	4.7	...	...
INDIA																	
. . . . .	2,555	...	I	I	5	2	I	I	3	I	...	3	2	20	7.8	5	1.96
GAL . . . . .	771	...	I	I	I	...	...	...	I	...	...	I	...	5	6.5	...	...
JAB . . . . .	623	...	...	...	3	I	I	...	...	I	...	...	...	6	9.6	3	4.82
ORAS . . . . .	521	...	...	...	...	...	...	...	...	...	...	...	2	2	3.8	...	...
IBAY . . . . .	640	...	...	...	I	I	...	I	2	...	...	2	...	7	10.9	2	3.13

\* Stations where Enteric Fever did not occur are not shown in this table.





C. CHILDREN.



TABLE XXII.

RATIOS AND ACTUALS OF COMMANDS.

	Bengal Command.		Punjab Command.		Madras Command.		Bombay Command.		India.*		
Strength . . . . .	1,327		1,246		999		1,137		4,709		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaini from 190
Constantly sick . . . . .	22'4	29'75	23'6	29'35	38'2	38'18	23'6	26'83	26'4	124'11	
ADMISSIONS—											
Influenza . . . . .	6'0	8	...	...	1'0	1	...	...	1'9	9	...
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	'8	1	...	...	2'0	2	...	...	'6	3	...
Measles . . . . .	45'2	60	78'7	98	16'0	16	22'9	26	42'5	200	3
Whooping Cough . . . . .	12'8	17	19'3	24	26'0	26	...	...	14'2	67	...
Enteric Fever . . . . .	3'8	5	4'8	6	4'0	4	5'3	6	4'5	21	4
Intermittent Fever . . . . .	83'6	111	78'7	98	195'2	195	180'3	205	129'3	609	16
Remittent Fever . . . . .	1'5	2	3'2	4	3'0	3	4'4	5	3'0	14	1
Simple Continued Fever . . . . .	5'3	7	12'0	15	23'0	23	6'2	7	11'0	52	...
Tubercular Diseases . . . . .	2'3	3	3'2	4	2'0	2	3'5	4	2'8	13	...
Respiratory Diseases . . . . .	30'9	41	65'8	82	141'1	141	33'4	38	64'1	302	16
Dysentery . . . . .	17'3	23	10'4	13	31'0	31	16'7	19	18'3	86	2
Diarrhœa . . . . .	29'4	39	31'3	39	39'0	39	43'1	49	35'3	166	4
Eye Diseases . . . . .	24'9	33	8'0	10	104'1	104	22'0	25	36'5	172	3
ALL CAUSES . . . . .	424'3	563	479'1	597	1,002'0	1,001	563'8	641	595'0	2,802	87
DEATHS—											
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	Deaths o of hospita
Small-pox . . . . .	'75	1	...	...	...	...	...	...	'21	1	...
Diphtheria and Croup . . . . .	'75	1	3'21	4	...	...	...	...	1'06	5	...
Enteric Fever . . . . .	...	...	'80	1	2'00	2	...	...	'64	3	...
Intermittent Fever . . . . .	'75	1	1'61	2	3'00	3	...	...	1'27	6	...
Remittent Fever . . . . .	...	...	1'61	2	...	...	'38	1	'64	3	...
Simple Continued Fever . . . . .	...	...	...	...	1'00	1	...	...	'21	1	...
Tubercular Diseases . . . . .	1'51	2	...	...	...	...	2'64	3	1'06	5	...
Convulsions . . . . .	3'01	4	4'82	6	7'01	7	5'28	6	4'88	23	...
Respiratory Diseases . . . . .	1'51	2	8'83	11	4'00	4	2'64	3	4'25	20	...
Teething . . . . .	3'01	4	...	...	1'00	1	5'28	6	2'34	11	...
Dysentery . . . . .	1'51	2	4'01	5	1'00	1	'88	1	1'91	9	...
Diarrhœa . . . . .	10'55	14	9'63	12	5'01	5	9'67	11	8'92	42	2
Anæmia, Debility, and Immaturity . . . . .	8'29	11	11'24	14	3'00	3	5'28	6	7'22	34	1
ALL CAUSES . . . . .	45'21	60	56'18	70	34'03	34	43'10	49	45'23	213	4
PERCENTAGE IN 100 ADMISSIONS—											
Influenza . . . . .	1'42		...		'10		...		'32		
Cholera . . . . .	...		...		...		...		...		
Small-pox . . . . .	'18		...		'20		...		'11		
Measles . . . . .	10'66		16'42		1'60		4'06		7'14		
Whooping Cough . . . . .	3'02		4'02		2'60		...		2'39		
Enteric Fever . . . . .	'89		1'01		'40		'94		'75		
Intermittent Fever . . . . .	19'72		16'42		19'48		31'98		21'73		
Remittent Fever . . . . .	'36		'67		'30		'78		'50		
Simple Continued Fever . . . . .	1'24		2'51		2'30		1'09		1'86		
Tubercular Diseases . . . . .	'53		'67		'20		'62		'46		
Respiratory Diseases . . . . .	7'28		13'74		14'09		5'93		10'78		
Dysentery . . . . .	4'09		2'18		3'10		2'96		3'07		
Diarrhœa . . . . .	6'93		6'53		3'90		7'64		5'92		
Eye Diseases . . . . .	5'86		1'68		10'39		3'90		6'14		
PERCENTAGE IN 100 DEATHS—											
Cholera . . . . .	...		...		...		...		...		
Small-pox . . . . .	1'7		...		...		...		'5		
Diphtheria and Croup . . . . .	1'7		5'7		...		...		2'3		
Enteric Fever . . . . .	...		1'4		5'9		...		1'4		
Intermittent Fever . . . . .	1'7		2'9		8'8		...		2'8		
Remittent Fever . . . . .	...		2'9		...		2'0		1'4		
Simple Continued Fever . . . . .	...		...		2'9		...		'5		
Tubercular Diseases . . . . .	3'3		...		...		6'1		2'3		
Convulsions . . . . .	6'7		8'6		20'6		12'2		10'8		
Respiratory Diseases . . . . .	3'3		15'7		11'8		6'1		9'4		
Teething . . . . .	6'7		...		2'9		12'2		5'2		
Dysentery . . . . .	3'3		7'1		2'9		2'0		4'2		
Diarrhœa . . . . .	23'3		17'1		14'7		22'4		19'7		
Anæmia, Debility, and Immaturity . . . . .	18'3		20'0		8'8		12'2		16'0		

\* For complete detail of diseases, see Table LIII.

## TABLE XXIV.

ENTERIC FEVER by months, stations, groups, and commands.

STATIONS,* GROUPS, AND COMMANDS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total ad- missions.	Admission-rate of per 1,000 of strength.	Total deaths.	Death- rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
B																	
Allahabad . . . . .	44	...	...	I	...	...	...	...	...	...	...	...	...	I	22'7	...	...
Fyzabad . . . . .	46	...	...	...	...	...	...	...	...	...	...	...	1	I	21'7	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	355	...	...	I	...	...	...	...	...	...	...	...	I	2	5'6	...	...
A																	
Meerut . . . . .	103	...	...	...	...	...	I	...	...	...	...	...	...	I	9'7	...	...
B																	
Ferozepore . . . . .	85	...	...	...	...	1	I	...	...	...	...	...	...	2	23'5	I	11'76
Rawalpindi . . . . .	200	...	...	I	...	...	...	...	...	...	...	...	...	I	5'0	...	...
GROUP VI.—UPPER SUB-HIMA- LAYA.	825	...	...	I	...	I	2	...	...	...	...	...	...	4	4'8	I	1'21
A																	
Peshawar . . . . .	58	...	...	...	I	...	...	...	...	...	...	...	...	I	17'2	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH- WESTERN RAJPUTANA.	370	...	...	...	I	...	...	...	...	...	...	...	...	I	2'7	...	...
B																	
Secunderabad . . . . .	212	...	...	...	...	...	...	...	I	I	I	...	...	3	14'2	I	4'72
Kirkee . . . . .	122	...	...	...	...	I	...	...	...	...	...	...	I	2	16'4	...	...
Ahmednagar . . . . .	46	...	...	...	...	...	I	I	...	...	...	...	...	2	43'5	...	...
GROUP IX.—DECCAN . . . .	639	...	...	...	...	I	I	I	I	I	I	...	I	7	11'0	I	1'56
Ranikhet . . . . .	110	...	...	...	...	...	...	2	...	...	...	...	...	2	18'2	...	...
Cherat . . . . .	42	...	...	...	...	I	...	...	...	...	...	...	...	I	23'8	...	...
Quetta . . . . .	170	...	...	...	...	...	...	...	...	...	1	...	...	I	5'9	...	...
GROUP XIIa.—HILL STATIONS.	675	...	...	...	...	I	...	2	...	...	I	...	...	4	5'9	...	...
Kasauli . . . . .	67	...	...	...	...	...	...	...	...	I	...	...	...	I	14'9	...	...
Taragarh . . . . .	3	...	...	...	...	...	...	I	...	...	...	...	...	I	333'3	...	...
Wellington . . . . .	90	I	...	...	...	...	...	...	...	...	...	...	...	I	11'1	I	11'11
GROUP XIIb.—HILL CONVALES- CENT DEPÔTS, AND SANITARIA.	407	I	...	...	...	...	...	1	...	I	...	...	...	3	7'4	I	2'46
INDIA . . . . .																	
INDIA . . . . .	4,709	I	...	2	I	3	3	4	I	2	2	...	2	21	4'5	3	'64
BENGAL . . . . .																	
BENGAL . . . . .	1,327	...	...	I	...	...	I	2	...	...	...	...	1	5	3'8	...	...
PUNJAB . . . . .																	
PUNJAB . . . . .	1,246	...	...	I	I	2	I	...	...	I	...	...	...	6	4'8	I	'80
MADRAS . . . . .																	
MADRAS . . . . .	999	I	...	...	...	...	...	...	I	I	I	...	...	4	4'0	2	2'00
BOMBAY . . . . .																	
BOMBAY . . . . .	1,137	...	...	...	...	I	1	2	...	...	I	...	I	6	5'3	...	...

\* Stations where Enteric Fever did not occur are not shown in this table.



## TABLE XXV.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercular Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhoea.	Anæmia, Debility, and Immaturity at birth.	ALL CAUSES.	Strength on 1st July 1902.	Deaths per 1,000 of strength (a).	Liability.
Under 6 months . . . .	...	...	...	...	3	...	1	...	10	5	3	1	20	30†	90	302	298'01	50'
Between 6 and 12 months . .	...	...	...	...	...	2	...	1	8	7	6	1	16	3‡	52	342	152'05	25'8
„ 12 and 18 „ . .	...	1	2*	...	...	...	...	1	2	4	1	3	3	...	23	334	68'86	11'7
„ 18 and 24 „ . .	...	...	...	...	...	...	...	...	1	2	1	2	2	...	11	382	28'80	4'9
„ 2 years and 5 years . .	...	...	3*	1	2	1	...	3	2	1	...	2	...	...	23	1,206	19'07	3'2
„ 5 „ and 10 „ . .	...	...	...	1	1	...	...	...	...	1	...	...	1	1	11	1,411	7'80	1'3
„ 10 „ and 15 „ . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	582	3'44	'5
„ 15 „ and upwards . .	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	102	9'80	1'6
TOTAL . .	...	1	5	3	6	3	1	5	23	20	11	9	42	34	213	4,661	45'70	100

\* One Croup.

† Twenty immaturity at birth.

‡ One immaturity at birth.

(a) On the supposition that the strength on 1st July 1902 represents the average annual strength.

## **II.—NATIVE TROOPS, 1902.**



TABLE H.  
*STATIONS by COMMANDS.*

STATIONS.	Height above the sea- level in feet.*	Authority for height.†	STATIONS.	Height above the sea- level in feet.*	Authority for height.†	STATIONS.	Height above the sea- level in feet.*	Authority for height.†
BENGAL COMMAND:—			PUNJAB COMMAND—contd.			BOMBAY COMMAND—contd.		
Manipur . . . . .	2,619	S. G.	Drazand . . . . .	1,600	I. B.	Hyderabad . . . . .	134	I. B.
Sadiya . . . . .	440	M. H. I.	Nili Kach . . . . .	1,500	"	Kurrachee . . . . .	28	S. G.
Dibrugarh . . . . .	342	S. G.	Murtaza . . . . .	1,200	"	Bhuj . . . . .	...	"
Silchar . . . . .	104	M. D.	Manjhi . . . . .	1,100	"	Rajkot . . . . .	417	S. G.
Fort William . . . . .	17	S. G.	Fort Zam . . . . .	1,350	"	Deesa . . . . .	468	"
Alipore . . . . .	...	"	Mangrota . . . . .	500	"	Ahmedabad . . . . .	170	"
Ballygunge . . . . .	...	"	Dera Ghazi Khan . . . . .	395	S. G.	Baroda . . . . .	...	"
Barrackpore . . . . .	24	S. G.	Mooltan . . . . .	402	"	Alirajpore . . . . .	977	S. G.
Buxa . . . . .	2,457	"	Idak . . . . .	2,140	I. B.	Sirdarpore . . . . .	1,659	"
Cuttack . . . . .	74	"	Kajuri . . . . .	2,080	"	Jhabwa . . . . .	1,171	"
Doranda . . . . .	2,166	"	Saidgi . . . . .	1,775	"	Kherwara . . . . .	1,050	"
Dinapore . . . . .	...	"	Jandola . . . . .	2,400	"	Udaipur . . . . .	1,950	"
Benares . . . . .	256	S. G.	Kajuri Kach . . . . .	2,500	"	Todgarh . . . . .	2,300	"
Allahabad . . . . .	298	"	Simla . . . . .	7,230	S. G.	Erinpura . . . . .	869	"
Fyzabad . . . . .	336	"	Jutogh . . . . .	6,371	"	Neemuch . . . . .	1,613	"
Lucknow . . . . .	400	"	Dharmasala . . . . .	6,111	"	Deoli . . . . .	1,122	"
Cawnpore . . . . .	417	"	Bakloh . . . . .	4,585	"	Beawar . . . . .	1,465	"
Fatehgarh . . . . .	444	I. B.	Murree . . . . .	7,098	"	Nasirabad . . . . .	1,461	"
Shahjahanpur . . . . .	507	S. G.	Khyragully . . . . .	8,746	"	Ajmer . . . . .	1,627	"
Bareilly . . . . .	560	"	Baragully . . . . .	...	"	Sambhar . . . . .	1,254	M. D.
Roorkee . . . . .	884	"	Kalabagh . . . . .	7,936	I. B.	Jaipur . . . . .	1,582	S. G.
Dehra Dun . . . . .	2,229	"	Chitral . . . . .	4,980	S. G.	Indore . . . . .	1,805	"
Meerut . . . . .	739	"	Kila Drosh . . . . .	4,250	I. B.	Mhow . . . . .	1,903	I. B.
Delhi . . . . .	715	"	Malakand . . . . .	...	"	Asirgarh . . . . .	2,283	S. G.
Muttra . . . . .	576	"	Dargai . . . . .	...	"	Sambalpur . . . . .	490	"
Agra . . . . .	554	"	Chakdara . . . . .	3,905	S. G.	Raipur . . . . .	975	"
Gwalior . . . . .	...	"	Abbottabad . . . . .	4,152	"	Kamptee . . . . .	941	"
Jhansi . . . . .	860	S. G.	Cherat . . . . .	4,520	"	Sitabaldi . . . . .	1,236	"
Nowgong . . . . .	770	I. B.	Hangu . . . . .	3,650	"	Ahmednagar . . . . .	2,125	"
Goona . . . . .	1,617	S. G.	Miran Shah . . . . .	3,050	I. B.	Satara . . . . .	2,183	"
Agar . . . . .	1,671	"	Boya . . . . .	3,600	"	Poona . . . . .	1,909	"
Sehore . . . . .	1,617	"	Datta Khel . . . . .	4,500	"	Kirkee . . . . .	1,837	"
Saugor . . . . .	1,753	"	Sarwekai . . . . .	4,076	"	Sirur . . . . .	...	"
Sutna . . . . .	1,040	M. D.	Nagandioba . . . . .	3,650	"	Bombay . . . . .	20	S. G.
Jubbulpore . . . . .	1,306	S. G.	Wana . . . . .	4,500	"	Waziribagh . . . . .	5,000	I. B.
Kalanaga . . . . .	3,400	I. B.				Mir Ali Khel . . . . .	3,650	"
Kohima . . . . .	4,500	"				Fort Sandeman . . . . .	4,700	"
Shillong . . . . .	4,987	S. G.				Musa Khel . . . . .	4,450	"
Gantak . . . . .	5,000	I. B.				Khan Mohamed Kot . . . . .	3,431	S. G.
Almora . . . . .	5,494	S. G.				Murgha . . . . .	5,100	I. B.
Naini Tal . . . . .	6,400	"				Loralai . . . . .	4,450	S. G.
Lansdowne . . . . .	...	"				Gumbaz . . . . .	3,000	I. B.
						Quetta . . . . .	5,511	S. G.
						Peshin . . . . .	5,157	"
						Shelabagh . . . . .	7,700	I. B.
						Spinwana . . . . .	7,800	"
						Chaman . . . . .	5,488	S. G.
						Mount Abu . . . . .	3,960	"
						Chabbar . . . . .	...	"
						Jask . . . . .	...	"
						Muscat . . . . .	...	"
						Bushire . . . . .	40	I. B.
						Bagdad . . . . .	300	"
						Aden . . . . .	26	S. G.
						Khormaksar . . . . .	50	I. B.
						Sheikh Othman . . . . .	50	"
						Perim . . . . .	249	"
						Berbera . . . . .	...	"

\* These are usually the heights above sea-level of the survey-marks or of the mercury-surface in barometer-cisterns in the stations.

† S. G. = Surveyor-General of India; M. H. I. = Dr. Macnamara's "Himalayan India"; M. D. = Meteorological Department; I. B. = Intelligence Branch of the Quarter-Master-General's Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

TABLE XXVI.

RATIOS of COMMANDS.

The ratios of admissions and deaths to strength are taken from Table XXVIII. The actuals will be found in Table XXIX.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.					
	Bengal Command.	Punjab Command.	Madras Command.	Bombay Command.	Hyderabad Contingent.	Army of India.* †
AVERAGE ANNUAL STRENGTH . . . . .	26,652	43,486	18,017	24,371	6,204	124,231
CONSTANTLY-SICK-RATE OF EACH MONTH—						
January . . . . .	24'3	31'0	26'1	30'9	16'5	28'1
February . . . . .	23'1	29'5	28'3	28'9	18'3	27'4
March . . . . .	21'0	24'5	28'1	24'9	16'1	24'2
April . . . . .	24'3	23'6	28'8	24'1	15'2	24'5
May . . . . .	23'6	23'2	27'0	25'6	14'4	24'3
June . . . . .	21'3	21'7	30'8	25'2	13'2	23'4
July . . . . .	22'5	24'4	33'0	27'9	14'4	25'6
August . . . . .	26'1	27'3	28'5	29'4	17'7	27'1
September . . . . .	29'4	28'9	27'2	34'2	20'4	29'5
October . . . . .	28'1	28'4	25'1	37'0	21'5	29'2
November . . . . .	26'5	28'1	26'6	40'2	20'7	28'9
December . . . . .	25'6	31'4	24'3	35'6	21'6	26'7
OF THE YEAR . . . . .	24'7	27'0	27'8	30'5	17'6	26'6
ADMISSION-RATE OF THE YEAR—						
Influenza . . . . .	'7	4'8	'4	'3	1'9	2'1
Cholera . . . . .	'4	...	'6	...	...	'2
Small-pox . . . . .	'5	'7	'9	'5	...	'6
Enteric Fever . . . . .	'5	'7	'1	'1	...	'4
Intermittent Fever . . . . .	233'1	297'6	223'6	350'6	231'0	274'5
Remittent Fever . . . . .	9'7	17'6	5'2	10'6	8'4	11'9
Simple Continued Fever . . . . .	3'6	1'8	6'3	13'0	'3	5'1
Tubercle of the lungs . . . . .	4'7	6'8	1'8	2'8	'5	4'3
Pneumonia . . . . .	9'6	23'2	8'9	13'9	6'6	15'3
Other Respiratory Diseases . . . . .	18'9	27'6	23'3	29'0	12'7	24'6
Dysentery . . . . .	35'8	53'4	33'9	55'1	33'8	46'0
Diarrhœa . . . . .	7'6	7'4	4'9	17'0	2'4	8'6
Hepatic { Abscess . . . . .	'1	...	'2	'2	...	'1
{ Congestion and Inflammation . . . . .	1'2	'6	2'0	1'4	'8	1'1
Scurvy . . . . .	2'4	2'0	'4	5'6	'8	2'4
Venereal Diseases . . . . .	36'8	18'3	44'2	48'9	21'8	32'8
ALL CAUSES . . . . .	628'6	746'5	704'2	855'9	518'1	718'0
DEATH-RATE OF THE YEAR—						
Cholera . . . . .	'19	...	'33	...	...	'12
Small-pox . . . . .	...	...	'06	'04	...	'02
Enteric Fever . . . . .	'15	'16	...	'04	...	'10
Intermittent Fever . . . . .	'98	'83	'83	1'07	'64	'89
Remittent Fever . . . . .	1'09	1'31	'72	1'19	1'61	1'14
Simple Continued Fever . . . . .	...	...	'11	'04	...	'03
Circulatory Diseases . . . . .	'30	'21	'72	'29	'16	'35
Tubercle of the lungs . . . . .	'86	1'17	'33	'70	'32	'80
Pneumonia . . . . .	1'61	5'70	2'22	4'39	2'10	3'71
Other Respiratory Diseases . . . . .	'41	'46	...	'33	...	'35
Dysentery . . . . .	'34	'32	'39	'57	'32	'39
Diarrhœa . . . . .	'26	'05	'33	'25	...	'18
Hepatic Abscess . . . . .	'11	'02	'06	'12	...	'06
Anæmia and Debility . . . . .	'15	'09	'17	'25	'48	'17
ALL CAUSES . . . . .	8'03	12'76	12'77	11'65	9'83	11'16
PERCENTAGE IN 100 ADMISSIONS—						
Influenza . . . . .	'11	'64	'06	'04	'37	'29
Cholera . . . . .	'07	...	'08	...	...	'03
Small-pox . . . . .	'08	'10	'13	'06	...	'08
Enteric Fever . . . . .	'08	'10	'02	'01	...	'06
Intermittent Fever . . . . .	37'08	39'87	31'75	40'97	44'59	38'23
Remittent Fever . . . . .	1'54	2'36	'74	1'24	1'62	1'66
Simple Continued Fever . . . . .	'57	'25	'90	1'52	'06	'71
Tubercle of the lungs . . . . .	'74	'91	'26	'33	'09	'60
Pneumonia . . . . .	1'52	3'11	1'27	1'62	1'28	2'12
Other Respiratory Diseases . . . . .	3'01	3'70	3'30	3'38	2'46	3'42
Dysentery . . . . .	5'69	7'15	4'81	6'44	6'53	6'41
Diarrhœa . . . . .	1'21	'99	'69	1'98	'47	1'20
Hepatic { Abscess . . . . .	'02	'01	'03	'02	...	'01
{ Congestion and Inflammation . . . . .	'20	'09	'28	'16	'16	'16
Scurvy . . . . .	'38	'27	'06	'66	'16	'34
Venereal Diseases . . . . .	5'86	2'46	6'27	5'71	4'20	4'56
PERCENTAGE IN 100 DEATHS—						
Cholera . . . . .	2'3	...	2'6	...	...	1'1
Small-pox . . . . .	...	...	'4	'4	...	'1
Enteric Fever . . . . .	1'9	1'3	...	'4	...	'9
Intermittent Fever . . . . .	12'1	6'5	6'5	9'2	6'6	8'0
Remittent Fever . . . . .	13'6	10'3	5'7	10'2	16'4	10'2
Simple Continued Fever . . . . .	...	...	'9	'4	...	'3
Circulatory Diseases . . . . .	3'7	1'6	5'7	2'5	1'6	3'1
Tubercle of the lungs . . . . .	10'7	9'2	2'6	6'0	3'3	7'2
Pneumonia . . . . .	20'1	44'7	17'4	37'7	21'3	33'2
Other Respiratory Diseases . . . . .	5'1	3'6	...	2'8	...	3'1
Dysentery . . . . .	4'2	2'5	3'0	4'9	3'3	3'5
Diarrhœa . . . . .	3'3	'4	2'6	2'1	...	1'6
Hepatic Abscess . . . . .	1'4	'2	'4	1'1	...	'6
Anæmia and Debility . . . . .	1'9	'7	1'3	2'1	4'9	1'5

\* For complete detail of diseases see Table LIIL.  
† Excluding troops in China, Somaliland, and England (Indian Coronation Contingent), and including troops in Extra India not in the Indian Command, and also including the Delhi Manœuvres and Coronation Durbar Force, which is not included in the commands.



# NATIVE TROOPS, 1902.

## TABLE XXVII.

### RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XXVIII.

The actuals will be found in Table XXIX.

RATIO PER 1,000 OF THE AVERAGE STRENGTH.													
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Arm of India.
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Decan.	Western Coast.	South-eastern India.	Hill Stations.	Arm of India.
I.—AVERAGE ANNUAL STRENGTH	1,362	3,659	1,427	2,280	6,136	14,978	16,472	10,754	15,978	1,670	6,270	20,950	124,230
II.—CONSTANTLY-SICK-RATE OF EACH MONTH—													
January	31'6	28'3	51'6	36'3	20'5	26'9	33'4	35'6	25'7	40'2	30'1	36'9	28'3
February	26'2	29'9	37'2	31'8	18'7	23'3	34'2	29'9	23'6	52'0	31'9	32'2	27'4
March	23'5	37'3	25'9	26'9	21'1	19'5	27'5	24'1	23'6	25'2	30'5	26'7	24'1
April	19'1	34'5	29'5	25'4	23'8	21'2	28'2	26'2	23'3	22'2	33'4	28'5	24'1
May	26'7	26'7	30'8	29'1	23'0	19'6	27'5	28'5	19'9	23'8	34'2	30'6	24'1
June	34'9	41'0	30'0	31'5	20'7	17'5	25'5	29'6	18'4	21'9	35'5	28'0	23'3
July	21'8	63'3	24'5	33'9	19'2	19'2	26'9	29'4	20'8	18'8	34'3	29'4	25'5
August	28'1	36'6	26'9	34'6	22'6	21'6	27'9	34'1	22'9	22'4	31'6	34'4	27'4
September	28'2	28'2	27'0	34'9	23'8	26'4	29'4	35'3	25'7	28'1	30'0	38'7	29'9
October	24'4	25'8	37'7	38'8	21'0	26'5	34'8	40'9	28'0	23'8	24'8	37'4	29'9
November	23'2	29'3	35'0	37'7	21'2	27'8	46'1	45'6	29'6	28'8	30'8	34'9	28'3
December	26'9	23'3	29'6	43'5	17'8	26'5	42'8	41'4	24'9	29'1	34'6	32'3	26'3
OF THE YEAR	26'2	33'3	32'2	33'7	21'2	22'9	32'1	33'5	23'9	27'4	31'8	32'5	26'3
III.—ADMISSION-RATE OF THE YEAR—													
Influenza	2'2	...	...	2'6	...	5	3'9	1'0	8	...	6	3'5	2
Cholera	...	3	1'4	...	1'0	1	...	...	...	...	1'4	...	...
Small-pox	...	...	...	4	1'0	9	1'2	6	4	1'2	1'6	5	...
Enteric Fever	7	...	1'4	...	5	3	4	3	...	...	2	1'3	...
Intermittent Fever	254'8	422'0	270'5	382'0	140'8	227'3	374'1	424'1	242'2	219'8	227'6	328'7	274
Remittent Fever	6'6	2'7	15'4	12'7	9'0	14'1	19'0	13'4	5'9	7'2	3'5	18'5	11
Simple Continued Fever	14'7	...	...	...	...	2'1	3'3	9'0	6'0	3'6	9'1	3'2	5
Tubercle of the lungs	2'2	1'6	9'1	9	4'7	8'0	3'6	3'2	1'4	3'0	2'1	9'4	4
Pneumonia	2'2	1'9	2'8	3'5	8'0	20'1	21'7	15'3	6'8	10'8	13'1	20'5	15
Other Respiratory Diseases	33'8	42'4	9'8	25'0	18'6	20'8	28'2	26'0	15'0	28'7	20'6	27'5	24
Dysentery	76'4	53'0	77'1	72'8	37'8	28'9	58'9	28'8	29'3	37'7	24'2	56'3	46
Diarrhoea	2'2	11'8	14'7	13'6	5'4	5'3	6'9	6'6	4'5	9'0	4'8	14'6	8
Hepatic { Abscess and Congestion and Inflammation	...	5	...	...	2	1	1	2	1	6	...	...	...
Scurvy	1'5	2'2	1'4	4	7	6	8	1'2	8	4'2	1'6	2'2	1
Venereal Diseases	77'8	23'0	28'0	52'2	23'3	25'0	22'5	63'2	45'8	53'3	50'1	31'9	32
ALL CAUSES	1,043'3	982'8	651'0	824'1	516'0	636'0	901'0	898'1	631'1	700'6	727'8	821'9	718
IV.—DEATH-RATE OF THE YEAR—													
Cholera	...	...	70	...	49	...	...	...	...	...	96	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	16	13	...	19	...	...	...	29	...
Intermittent Fever	73	1'37	1'40	3'07	1'14	40	97	1'30	50	60	96	86	...
Remittent Fever	...	55	...	88	81	1'67	1'46	1'95	1'00	...	64	1'10	1
Simple Continued Fever	...	...	...	...	...	...	...	...	13	...	...	05	...
Circulatory Diseases	...	55	...	44	49	20	12	09	50	60	80	38	...
Tubercle of the lungs	...	...	1'40	44	33	1'13	61	65	38	1'80	32	2'20	...
Pneumonia	73	55	...	88	1'79	4'01	5'52	5'02	1'44	4'19	4'31	5'11	3
Other Respiratory Diseases	...	...	...	88	65	33	61	37	...	1'20	...	57	...
Dysentery	73	27	2'80	44	16	...	55	28	38	...	64	33	...
Diarrhoea	...	55	...	44	33	13	06	09	06	...	64	24	...
Hepatic Abscess	...	...	...	...	16	13	...	19	06	...	...	10	...
Anæmia and Debility	...	27	...	...	16	...	...	37	19	60	16	33	...
ALL CAUSES	5'14	6'56	8'41	8'33	8'15	9'15	12'81	12'55	8'64	11'38	22'33	13'70	11
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza	21	...	...	32	...	07	44	11	12	...	09	42	...
Cholera	...	03	22	...	19	01	...	...	...	...	20	01	...
Small-pox	...	...	...	05	19	14	13	06	06	17	22	06	...
Enteric Fever	07	...	22	...	09	04	05	03	...	...	02	16	...
Intermittent Fever	24'42	42'94	41'55	46'35	27'29	35'73	41'52	47'23	38'38	31'37	31'27	40'00	38
Remittent Fever	63	28	2'37	1'54	1'74	2'21	2'11	1'49	93	1'03	48	2'25	1
Simple Continued Fever	1'41	...	...	...	...	34	36	1'00	95	51	1'25	39	...
Tubercle of the lungs	21	17	1'40	11	92	1'26	40	35	23	43	28	1'14	...
Pneumonia	21	19	43	43	1'55	3'16	2'41	1'71	1'08	1'54	1'80	2'49	2
Other Respiratory Diseases	3'24	4'31	1'51	3'03	3'60	3'28	3'13	2'90	2'38	4'10	2'83	3'35	3
Dysentery	7'32	5'39	11'84	8'83	7'33	4'55	6'54	3'21	4'64	5'38	3'33	6'85	6
Diarrhoea	21	1'20	2'26	1'65	1'04	84	76	74	71	1'28	66	1'77	1
Hepatic { Abscess and Congestion and Inflammation	...	06	...	...	03	02	01	02	02	09	...	01	...
Scurvy	14	22	22	05	13	09	09	13	12	60	22	27	...
Venereal Diseases	7'46	2'34	4'31	6'33	4'52	3'93	2'49	7'04	7'25	7'61	6'88	3'89	4
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera	...	...	8'3	...	6'0	...	...	...	...	...	4'3	...	1
Small-pox	...	...	...	...	...	...	5	...	7	...	...	...	...
Enteric Fever	...	...	...	...	2'0	1'5	...	1'5	...	...	...	2'1	...
Intermittent Fever	14'3	20'8	16'7	36'8	14'0	4'4	7'6	10'4	5'8	5'3	4'3	6'3	8
Remittent Fever	...	8'3	...	10'5	10'0	18'2	11'4	15'6	11'6	...	2'9	8'0	10
Simple Continued Fever	...	...	...	...	...	...	...	...	1'4	...	...	3	...
Circulatory Diseases	...	8'3	...	5'3	6'0	2'2	9	7	5'8	5'3	3'6	2'8	3
Tubercle of the lungs	...	...	16'7	5'3	4'0	12'4	4'7	5'2	4'3	15'8	1'4	16'0	7
Pneumonia	14'3	8'3	...	10'5	22'0	43'8	43'1	40'0	16'7	36'8	19'3	37'3	33
Other Respiratory Diseases	...	...	...	10'5	8'0	3'6	4'7	3'0	...	10'5	...	4'2	3
Dysentery	14'3	4'2	33'3	5'3	2'0	...	4'3	2'2	4'3	...	2'9	2'4	3
Diarrhoea	...	8'3	...	5'3	4'0	1'5	5	7	...	...	2'9	1'7	1
Hepatic Abscess	...	...	...	...	2'0	1'5	...	1'5	7	...	...	7	...
Anæmia and Debility	...	4'2	...	...	2'0	...	...	3'0	2'2	5'3	7	2'4	1

\* See foot-note to Table XXVI.



# NATIVE TROOPS, 1902.

## TABLE XXVIII.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.		
Blair . . .	300 {	...	...	...	...	270'0 3'33	16'7	3'3	...	...	...	60'0	23'3 3'33	...	...	...	...	16'7	40'0	586'7 6'67	20'0	...	...	13'3	26'7		
goon . . .	1,062 {	2'8	...	...	'9	250'5	3'8	17'9	...	2'8	2'8 '94	26'4	91'3	2'8	...	1'9	...	7'5	88'5	1,172'3 4'71	28'2	20'7	30'1	14'1	23'5		
UP I.—BURMA COAST AND ISLANDS.	1,362 {	2'2	...	...	'7	254'8 73	6'6	14'7	...	2'2	2'2 73	33'8	76'4 73	2'2	...	1'5	...	9'5	77'8	1,043'3 5'14	26'2	16'2	23'5	14'0	24'2		
etmyo . . .	318 {	...	3'1	...	...	34'6	...	...	...	...	3'1	37'7	66'0	9'4	...	3'1	...	3'1	53'5	1,465'4 12'58	34'6	3'1	12'6	12'6	25'2		
g Tung . . .	301 {	...	...	...	...	1,295'7 9'97	6'6	3'32	...	10'0 3'32	19'9	23'3	6'6	...	...	...	...	23'3	1,524'9 26'58	49'8	...	...	10'0	13'3			
Stedman . . .	330 {	...	...	...	...	466'7	...	...	...	...	33'3	12'1 3'03	75'8 3'03	3'0	...	...	...	48'5	33'3	912'1 6'06	33'3	...	...	12'1	21'2		
xtila . . .	128 {	...	...	...	...	54'7	7'8	...	...	15'6	...	46'9	23'4	...	...	...	...	15'6	7'8	359'4	31'3	...	...	7'8	...		
Dufferin . . .	1,613 {	...	...	...	...	390'0 '62	3'1 '62	...	...	...	1'9 '62	19'2	40'6	6'8 '62	...	3'7 '62	'6	20'5	24'2	910'7 3'72	29'8	2'5	3'1	11'2	7'4		
mo . . .	945 {	...	...	...	...	369'3 1'06	2'1	...	...	4'2	...	91'0	82'5	2'1	1'1	1'1	...	27'5 1'06	9'5	885'7 3'17	33'9	...	3'2	3'2	3'2		
kyina . . .	25 {	...	...	...	...	160'0	...	...	...	...	...	120'0	40'0	...	...	...	...	80'0	...	720'0 40'00	40'0	...	...	...	...		
UP II.—BURMA INLAND	3,659 {	...	'3	...	...	422'0 1'37	2'7 '55	...	...	1'6	1'9 '55	42'4	53'0 '27	11'8 '55	'5	2'2 '27	'3	21'9 '27	23'0	982'8 6'56	33'3	1'4	3'3	9'0	9'3		
anipur . . .	768 {	...	1'3 1'30	...	2'6	257'8 2'60	10'4	...	...	2'6	7'8 2'60	3'9	9'1	61'2 2'60	26'0	...	...	...	5'2	27'3	583'3 10'42	35'2	6'5	2'6	14'3	3'9	
diya . . .	71 {	...	...	...	...	450'7	28'2	...	...	...	14'1	14'1	112'7	...	...	...	...	112'7	28'2	1,126'8 14'08	28'2	...	...	14'1	14'1		
rugarh . . .	246 {	...	...	...	...	516'3	36'6	...	...	16'3	...	12'2	32'5	4'1	...	8'1	12'2	12'2	16'3	1,044'7 4'07	44'7	...	...	12'2	4'1		
har . . .	342 {	...	2'9	...	...	84'8	8'8	...	...	8'8	...	8'8	137'4 5'85	...	...	...	...	...	38'0	421'1 5'85	17'5	11'7	5'8	8'8	11'7		
UP III.—ASSAM	1,427 {	...	1'4 '70	...	1'4	270'5 1'40	15'4	...	...	1'4	9'1 1'40	2'8	9'8	77'1 2'80	14'7	...	1'4	2'1	10'5	28'0	651'0 8'41	32'2	6'3	2'8	12'6	6'3	
t William . . .	757 {	...	...	...	...	483'5 1'32	27'7 1'32	...	...	1'3	...	22'5 1'32	74'0	9'2	...	1'3	...	23'8	29'1	852'0 3'96	27'7	13'2	7'9	4'0	4'0		
pore . . .	684 {	...	...	1'5	...	409'4 8'77	11'7 1'46	...	...	...	7'3 1'46	36'5 1'46	38'0	13'2	...	...	13'2	24'9	33'6	852'3 13'16	40'9	2'9	13'2	1'5	16'1		
lygunge . . .	29 {	206'9	...	...	...	69'0	...	...	...	34'5	...	69'0	34'5	34'5	...	...	...	34'5	34'5	96'5	34'5	...	...	...	34'5		
rrackpore . . .	337 {	...	...	...	...	323'4	...	...	...	...	5'9 2'97	14'8 2'97	225'5 2'97	35'6 2'97	...	...	...	44'5	97'9	985'2 14'84	32'6	17'8	35'6	23'7	20'8		
xa . . .	277 {	...	...	...	...	130'0	...	...	...	...	3'6	21'7	...	7'2	...	...	10'8	25'3	7'2	393'5	25'3	...	...	3'6	3'6		
ttack . . .	196 {	...	...	...	...	398'0	...	...	...	...	...	10'2	35'7	...	...	...	...	5'1	193'9	928'6 10'20	45'9	25'5	56'1	45'9	66'3		
ROUP IV.—BENGAL AND ORISSA	2,280 {	2'6	...	'4	...	382'0	12'7	...	...	'9	3'5	25'0	72'8	13'6	...	'4	5'3	25'9	52'2	824'1 8'33	33'7	10'1	16'7	9'6	15'8		



# NATIVE TROOPS, 1902.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
A. Deranda . . .	402 {	...	...	...	...	201'5	37'3	...	2'5	5'0	19'9	34'8	176'6	39'8	...	5'0	...	22'4	54'7	1,246'3	47'3	7'5	22'4	12'4	12'4
B. Dinapore . . .	634 {	...	9'5 4'73	...	1'6 1'58	187'7	4'7	...	...	...	4'7	34'7	28'4	14'2	...	1'6	...	4'7	31'5	569'4	28'4	9'5	7'9	4'7	...
Benares . . .	600 {	...	...	...	...	98'3	1'7	...	1'7	...	6'7	11'7	8'3	1'7	...	...	...	1'7	13'3	340'0	15'0	5'0	...	3'3	5'0
Allahabad . . .	965 {	...	...	...	1'0	205'2	6'2	...	2'1	2'1	16'6	9'3	76'7	3'1	...	...	1'0	7'3	34'2	632'1	20'7	10'4	3'1	11'4	9'5
Fyzabad . . .	690 {	...	...	...	1'4	184'1	4'3	...	...	7'2	8'7	29'0	23'2	1'4	...	...	1'4	5'8	11'6	494'2	18'8	2'9	2'9	4'3	1'4
Lucknow . . .	1,739 {	...	...	1'7	...	82'8	3'5	...	1'7	8'1	2'9	4'6	13'2	6	...	...	2'9	16'7	334'1	15'0	2'3	4'0	4'6	5'0	...
Cawnpore . . .	979 {	...	...	3'1	...	118'5	21'5	...	2'0	6'1	7'2	32'7	24'5	2'0	1'0	1'0	1'0	6'1	19'4	525'0	24'5	2'0	...	12'3	5'0
Fatehgarh . . .	127 {	...	...	...	...	157'5	...	...	...	...	...	15'7	7'9	...	...	...	...	31'5	425'2	15'7	23'6	...	...	7'9	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,136 {	...	1'0 '9	1'0	5 '16	140'8	9'0	...	1'5 '49	4'7 '33	8'0 '79	18'6 '65	37'8 '16	5'4 '33	2 '16	7 '...	5 '...	5'7 '16	23'3	516'0	21'2	5'4	4'2	7'2	6'0
A. Shahjahanpur . . .	99 {	...	...	...	...	20'2	121'1	...	...	10'1	10'1	...	...	10'1	...	...	...	20'2	303'0	20'2	...	...	10'1	10'1	10'1
Bareilly . . .	999 {	...	...	...	...	154'2	4'0	5'0	2'0	7'0	8'0	30'0	30'0	4'0	1'0	3'0	...	10'0	37'0	648'6	26'0	22'0	2'0	7'0	6'0
Roorkee . . .	516 {	...	...	1'9	...	143'4	...	...	1'9	3'9	13'6	11'6	17'4	5'8	...	...	...	17'4	29'1	482'6	17'4	5'8	3'9	3'9	15'0
Dehra Dun . . .	839 {	...	1'2	3'6	1'2	243'1	4'8	4'8	1'2	15'5	9'5	27'4	19'1	13'1	...	1'2	...	10'7	53'6	730'6	33'4	7'2	25'0	11'9	9'5
Meerut . . .	1,124 {	...	...	1'8	...	242'0	16'0	...	...	7'1	16'9	11'6	22'2	4'4	...	...	9	54'3	53'4	755'3	27'6	19'6	7'1	8'9	17'0
Delhi . . .	856 {	7'0	...	...	...	983'6	16'4	...	...	1'2	8'2	61'9	47'9	29'2	...	1'2	1'2	8'2	37'4	1554'9	36'2	14'0	3'5	8'2	11'0
Umballa . . .	1,578 {	6	...	...	...	83'7	9'5	...	...	1'9	7'6	5'7	13'3	...	...	...	6	1'3	19'0	336'5	13'9	5'7	1'9	1'3	10'0
B. Ludhiana . . .	31 {	...	...	...	...	580'6	...	...	...	...	32'3	32'3	...	...	...	...	...	...	...	903'2	32'3	...	...	...	...
Jullundur . . .	888 {	...	...	2'3	...	211'7	14'6	12'4	...	15'8	50'7	12'4	23'6	2'3	...	...	3'4	16'9	16'9	645'3	21'4	1'1	1'1	6'8	7'0
Ferozepore . . .	1,248 {	...	...	...	...	356'6	4'0	...	...	4'0	48'1	24'0	21'6	5'6	...	...	6'4	9'6	10'4	734'8	19'2	8	...	5'6	4'0
Meean Meer . . .	1,579 {	...	...	6	6	178'6	32'9	...	...	20'9	31'0	26'6	21'5	5'7	6	1'3	6	20'9	19'6	637'1	29'8	7'0	1'3	3'8	7'0
Amritsar . . .	164 {	...	...	...	...	213'4	12'2	...	...	6'1	12'2	6'1	48'8	...	...	...	...	6'1	439'0	12'2	...	...	...	...	6'0
Sialkot . . .	1,684 {	...	...	1'2	...	156'8	25'5	...	...	5'9	16'6	12'5	39'2	2'4	...	1'2	6	8'9	16'6	519'6	18'4	1'2	4'8	6'5	4'0
Jhelum . . .	1,657 {	...	...	...	1'2	152'7	10'9	3'0	1'2	6'0	12'7	26'6	19'9	1'2	...	...	...	19'9	18'1	595'1	22'9	4'2	1'8	3'6	8'0
Rawalpindi . . .	1,646 {	...	...	1'2	...	128'8	5'5	3'6	1'2	7'3	20'0	17'0	59'5	4'3	...	...	3'0	2'4	21'3	467'8	17'6	2'4	3'0	6'7	9'0
Attock . . .	70 {	...	...	...	...	385'7	28'6	14'3	...	...	...	...	57'1	...	...	...	...	42'9	...	685'7	28'6	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	14,978 {	5	1	9	3	227'3	14'1	2'1	5	8'6	20'1	20'8	28'9	5'3	1	6	1'4	14'2	25'0	636'0	22'9	6'7	3'9	5'7	8'0
A Mardan . . .	885 {	...	...	...	...	97'2	10'2	...	...	2'3	19'2	20'3	21'5	1'1	...	...	...	12'4	13'6	346'9	20'3	2'3	2'3	5'6	3'0
Nowshera . . .	1,174 {	3'4	...	1'7	...	198'5	3'4	...	1'7	1'7	20'4	25'6	41'7	10'2	...	...	4'3	16'2	13'6	677'2	23'0	1'7	4'3	5'1	2'0
Peshawar . . .	2,533 {	4'7	...	...	4	267'7	9'1	7'5	...	3'2	16'6	21'7	36'7	5'9	...	...	2'0	17'0	25'3	771'4	22'9	7'5	3'6	7'9	6'0



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.												2. DEATH-RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.
Fort Jamrud . . . .	114 {	...	...	8.8	...	228.1	...	8.8	...	8.8	17.5	43.9	35.1	...	...	...	...	8.8	8.8	508.8	8.8	...	8.8	...	...
Kohat . . . . .	2,960 {	16.2	...	1.0	1.4	466.6 34	23.3 1.01	.3	.7	6.1 34	26.7 3.04	19.9 34	73.3 68	4.1 34	...	.7	7.4	22.0	20.6	967.9 7.09	33.1	6.1	.7	6.4	7.4
Thal . . . . .	81 {	...	...	...	...	2,160.4	24.7	...	...	...	...	74.1	358.0	...	...	...	...	111.1	12.3	3,074.1	61.7	...	...	...	12.3
Latammar . . . .	40 {	...	...	...	...	175.0	...	...	...	...	...	...	50.0	...	...	...	...	...	25.0	425.0	25.0	...	25.0	...	...
Edwardesabad . .	1,616 {	...	...	.6	...	562.5 1.24	37.7 4.33	...	1.2 .62	9.3	35.9 7.43	52.0 1.24	63.1 62	8.7	...	...	1.9	24.8	25.4	1,292.7 17.95	42.1	3.1	6.2	5.0	11.1
Jani Khel . . . .	50 {	...	...	...	...	320.0	...	...	...	...	20.0	20.0	120.0	...	...	...	...	20.0	...	860.0	20.0	...	...	...	...
Khirgi . . . . .	9 {	...	...	...	...	777.8	...	...	...	...	...	222.2	...	...	...	...	...	...	...	1,111.1	...	...	...	...	...
Dera Ismail Khan	2,241 {	.4	...	3.1	...	373.0 2.23	15.2 1.78	...	.9 .45	2.2 .89	27.2 12.05	39.3 1.34	64.3 1.34	8.9	.4	1.8	1.8	26.8	20.1	1,113.8 23.65	54.9	4.9	.9	5.4	8.9
Khairu Khel . . .	12 {	...	...	...	...	83.3	250.0 83.33	...	...	...	...	...	166.7	...	...	...	...	83.3	...	583.3 83.33	...	...	...	...	...
Tank . . . . .	138 {	...	...	...	...	768.1	7.2	...	...	...	72.5 43.48	87.0 14.49	159.4	65.2	...	...	...	14.5	...	1,695.7 57.97	43.5	...	...	...	...
Jatta . . . . .	58 {	...	...	...	...	344.8	34.5	362.1	...	...	51.7 34.48	34.5	86.2	17.2	...	...	...	...	...	1,448.3 34.48	34.5	...	...	...	...
Drazand . . . . .	46 {	...	...	...	...	1,065.2 43.48	108.7	...	...	...	...	...	217.4	...	...	...	...	43.5	...	1,847.8 43.48	43.5	...	...	...	...
Nili Kach . . . .	125 {	...	...	...	8.0	520.0 8.00	...	...	...	...	16.0	16.0	72.0	16.0	...	8.0	...	...	...	976.0 8.00	24.0	...	...	...	...
Murtaza . . . . .	13 {	...	...	...	...	76.9	...	...	...	...	...	...	...	...	...	...	...	...	76.9	230.8	...	...	...	...	76.9
Manjhi . . . . .	14 {	...	...	...	...	214.3	...	...	...	...	...	...	142.9	...	...	...	...	...	...	500.0	...	...	...	...	...
Fort Zam . . . . .	68 {	...	...	...	...	941.2	58.8	14.7	...	...	14.7	73.5	264.7	...	...	...	...	29.4	14.7	1,779.4	29.4	14.7	...	...	...
Mangrota . . . .	30 {	...	...	...	...	700.0	33.3	33.3	...	...	...	...	33.3	...	...	...	...	66.7	...	1,133.3	33.3	...	...	...	...
Dera Ghazi Khan	329 {	...	...	...	...	148.9	30.4 3.04	...	...	...	12.2 3.04	9.1 3.04	42.6 3.04	6.1	...	...	3.0	18.2	24.3	610.9 9.12	30.4	6.1	...	12.2	6.1
Mooltan . . . . .	1,254 {	...	...	2.4	.8	231.3 .80	17.5 1.59	.8	...	2.4 .80	10.4 4.78	11.2	13.6	1.6	...	.8	...	4.8	14.4	531.9 10.37	19.9	5.6	1.6	2.4	4.8
Bikaner . . . . .	42 {	...	...	...	...	...	...	...	...	...	23.8	...	...	...	...	23.8	...	...	...	71.4 23.81	...	...	...	...	...
Idak B. . . . .	153 {	...	...	...	...	856.2	19.6	...	...	...	19.6 6.54	78.4	117.6	13.1	...	...	...	6.5	13.1	1,405.2 6.54	26.1	6.5	...	...	6.5
Kajuri . . . . .	42 {	...	...	...	...	381.0	23.8	...	...	...	...	23.8	47.6	...	...	...	23.8	...	...	833.3	23.8	...	...	...	...
Saidgi . . . . .	189 {	...	...	...	...	481.5	21.2	...	...	...	10.6 5.29	47.6	63.5	10.6	...	...	5.3	21.2	10.6	883.6 5.29	15.9	5.3	5.3	...	...
Jandola . . . . .	261 {	...	...	...	...	735.6 3.83	80.5 3.83	...	...	3.8	11.5 3.83	42.1	195.4	19.2	...	...	3.8	26.8	...	1,486.6 15.33	34.5	...	...	...	...
Kajuri Kach . . .	270 {	...	...	...	...	429.6 3.70	14.8 3.70	...	...	...	7.4	22.2 7.41	181.5	11.1	...	...	...	...	29.6	1,037.0 51.85	29.6	3.7	...	14.8	11.1
Sibi . . . . .	115 {	...	...	...	...	478.3	...	...	...	...	69.6 26.09	26.1	139.1	8.7	...	...	...	...	17.4	921.7 26.09	17.4	...	...	8.7	8.7



TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XX

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.												2. DEATH-RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	
C.																									
Jacobabad . . .	374 {	...	...	5'3	...	189'8 2'67	18'7	24'1	...	5'3 2'67	18'7 5'35	29'4	29'4	8'0	...	...	2'7	2'7	13'4	647'1 10'70	26'7	...	...	...	
Hyderabad . . .	648 {	...	...	1'54	...	300'9	23'1	...	...	3'1	13'9 4'63	23'1	7'7	9'3	...	6'2	...	4'6	89'5	709'9 10'80	30'9	6'2	20'1	12'3 5	
Kurrachee . . .	589 {	...	...	...	...	461'8	13'6 1'70	...	...	1'7	10'2 1'70	17'0	69'6 1'70	1'7	...	...	28'9 1'70	6'8	39'0	845'5 6'79	30'6	1'7	13'6	13'6 1	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	16,472 {	3'9	...	1'2 '06	4	374'1 '97	19'0 1'46	3'3	5 '12	3'6 '61	21'7 5'52	28'2 '61	58'9 '55	6'9 '06	1	8	3'7 '06	17'6	22'5	901'0 12'81	32'1	4'6	3'4	5'9	
A.																									
Bhuj . . .	572 {	...	...	...	...	353'1	57'7 3'50	...	...	...	8'7 1'75	50'7 1'75	38'5	14'0	...	3'5	33'2	12'2	115'4	972'0 8'74	43'7	47'2	8'7	43'7 1	
Rajkot . . .	212 {	...	...	...	...	325'5	...	...	...	...	23'6 14'15	4'7	18'9	...	...	...	...	4'7	122'6	726'4 18'87	28'3	33'0	42'5	14'2	
Deesa . . .	799 {	...	...	...	...	1,240'3 6'26	10'0 2'50	8'8	1'3	3'8	10'0	28'8 1'25	50'1	5'0	...	2'5	...	5'0	78'8	1,903'6 15'02	52'6	17'5	21'3	16'3	
Ahmedabad . . .	560 {	...	...	...	...	1,176'8	3'6	...	7'1	3'6	32'1 10'71	73'2	30'4 1'79	7'1	...	...	3'6	5'4	78'6	1,719'6 12'50	50'0	12'5	26'8	23'2	
Baroda . . .	260 {	...	...	19'2	...	838'5 3'85	3'8 3'85	...	3'8	...	7'7 3'85	19'2	34'6	3'8	...	...	3'8	23'1	26'9	1,253'8 11'54	30'8	...	7'7	7'7 1	
B.																									
Alirajpore . . .	40 {	...	...	...	...	75'0	...	100'0	...	...	...	25'0	...	...	...	...	...	...	...	275'0	...	...	...	...	
Sirdarpore . . .	273 {	...	...	...	...	212'5	14'7 7'33	22'0	...	7'3 3'66	25'6 14'65	44'0	3'7 3'66	...	...	...	3'7	...	142'9	882'8 29'30	40'3	18'3	14'7	40'3 6	
Jhabwa . . .	29 {	...	...	...	...	69'0	34'5	103'4	...	...	...	...	...	...	...	...	...	...	172'4	620'7 34'48	34'5	34'5	...	34'5 1	
Kherwara . . .	366 {	...	...	...	...	336'1 5'46	...	...	19'1	5'5	30'1 8'20	43'7 2'73	8'2	21'9	...	...	...	2'7	71'0	1,240'4 27'32	73'8	...	35'5	5'5	
Udaipur . . .	66 {	...	...	15'2	...	45'5	...	...	...	...	15'2	30'3	...	...	...	...	...	...	30'3	197'0	15'2	...	15'2	...	
Todgarh . . .	43 {	...	...	...	...	46'5	...	23'3	...	...	...	...	23'3	...	...	...	...	...	...	162'8	23'3	...	...	...	
Erinpura . . .	504 {	...	...	...	...	519'8 3'97	9'9	7'9	...	2'0 1'98	9'9 1'98	13'9	15'9	15'9	...	...	4'0	2'0	55'6	990'1 7'94	27'8	15'9	4'0	11'9	
Neemuch . . .	288 {	...	...	...	...	399'3	3'5	...	...	...	24'3 6'94	34'7	31'2	3'5	...	6'9	...	13'9	76'4	1,052'1 6'94	45'1	...	27'8	13'9	
Deoli . . .	436 {	9'2	...	...	...	178'9	9'2 2'29	...	...	...	22'9 4'59	18'3	20'6	2'3	...	2'3	...	11'5	36'7	559'6 9'17	20'6	25'2	...	6'9	
Beawar . . .	51 {	...	...	...	...	58'8	...	...	...	...	78'4 19'61	...	...	...	...	...	...	...	58'8	215'7 19'61	19'6	...	19'6	39'2	
Nasirabad . . .	611 {	...	...	...	...	139'1	13'1 6'55	...	...	13'1 1'64	31'1 19'64	26'2 1'64	29'5	...	1'6 1'64	1'6	1'6	...	98'2	494'3 32'73	32'7	14'7	22'9	31'1	
Ajmer . . .	392 {	...	...	...	...	306'1	...	17'9	...	5'1	10'2	...	2'6	20'4	...	2'6	5'1	7'7	71'4	599'5 2'55	23'0	23'0	2'6	38'3	
Sambhar . . .	21 {	...	...	...	...	...	...	47'6	...	...	...	...	...	...	...	...	...	...	...	95'2	...	...	...	...	
Jaipur . . .	75 {	...	...	...	...	226'7	13'3	...	...	...	40'0 13'33	...	53'3	...	...	...	...	...	13'3	466'7 13'33	13'3	13'3	...	...	
Muttra . . .	144 {	...	...	...	...	118'1	20'8	...	...	...	...	6'9	12'9	6'9	...	...	...	6'9	34'7	541'7 6'94	27'8	13'9	...	13'9	
Agra . . .	620 {	8'1	...	...	1'6 1'61	609'7 4'84	21'0 3'23	...	1'6 1'61	9'7	22'6 6'45	16'1	93'5	...	...	1'6	3'2	11'3	35'5	1,208'1 17'74	43'5	4'8	14'5	16'1	



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.		
VIII.—EASTERN TANJA, AL INDIA, UJARAT.	24 {	...	...	...	...	250'0	...	...	...	...	...	...	...	...	...	...	...	...	...	416'7 {	41'7	...	...	...	...		
	681 {	...	...	...	1'5	452'3	1'5	27'9	...	1'5	14'7	27'9	22'0	17'6	...	...	13'2	...	58'7	1,079'3 {	36'7	5'9	14'7	22'0	16'2		
	1,075 {	...	...	...	...	164'7	5'6	...	...	'9	8'4	12'1	21'4	3'7	...	'9	...	19'5	25'1	388'8 {	15'8	...	17'7	3'7	3'7		
	327 {	...	...	...	...	226'3	3'1	...	...	...	3'1	9'2	18'3	...	3'1	3'1	3'1	6'1	45'9	596'3 {	33'6	3'1	9'2	6'1	27'5		
	286 {	...	...	...	...	49'0	7'0	...	...	3'5	3'5	3'5	...	3'5	...	...	...	3'5	49'0	297'2 {	17'5	17'5	...	14'0	17'5		
	579 {	3'5	...	...	...	331'6	38'0	77'7	1'7	...	8'6	36'3	19'0	1'7	...	...	...	12'1	39'7	851'5 {	24'2	10'4	6'9	13'8	8'6		
	235 {	...	...	...	4'3	280'9	38'3	...	...	8'5	21'3	63'8	63'8	12'8	...	...	...	4'3	63'8	783'0 {	29'8	34'0	8'5	12'8	8'5		
1,187 {	...	...	...	4'26	268'7	16'0	...	3'4	2'5	9'3	21'9	28'6	5'1	...	'8	'8	16'0	69'9	687'4 {	29'5	9'3	32'9	12'6	15'2			
10,754 {	1'0	...	'6	'3	424'1	13'4	9'0	1'8	3'2	15'3	26'0	28'8	6'6	'2	1'2	3'8	8'7	63'2	898'1 {	33'5	12'9	16'6	16'9	16'8			
A.	36 {	...	...	...	...	250'0	...	27'8	...	...	...	27'8	...	...	...	...	...	...	...	444'4 {	...	...	...	...	...		
812 {	...	...	...	...	325'1	2'5	...	...	...	9'9	17'2	17'2	...	...	1'2	...	11'1	41'9	636'7 {	22'2	11'1	4'9	18'5	7'4			
26 {	...	...	...	...	38'5	...	...	...	...	...	...	...	38'5	...	...	...	...	192'3	423'1 {	38'5	38'5	...	76'9	76'9			
819 {	...	...	...	...	371'2	...	...	...	1'2	7'3	25'6	53'7	8'5	...	2'4	1'2	20'8	34'2	925'5 {	24'4	2'4	1'2	13'4	17'1			
218 {	...	...	...	...	119'3	4'6	...	4'6	...	...	13'8	27'5	...	...	...	...	41'3	50'5	633'0 {	36'7	4'6	...	22'9	22'9			
310 {	...	...	3'2	...	219'4	...	3'2	3'2	...	3'2	16'1	22'6	...	...	...	...	35'5	180'6	829'0 {	41'9	106'5	...	19'4	54'8			
544 {	...	...	...	...	251'8	5'5	7'4	1'8	...	7'4	5'5	14'7	...	...	...	...	12'9	49'6	694'9 {	22'1	14'7	...	11'0	23'9			
83 {	...	...	...	...	289'2	...	108'4	...	...	...	36'1	60'2	...	12'0	12'0	...	...	60'2	963'9 {	12'0	...	24'1	...	36'1			
B.	560 {	...	...	...	...	376'8	12'5	...	...	16'1	17'9	10'7	...	...	...	...	...	7'1	610'7 {	12'5	1'8	...	5'4	...			
1,088 {	4'6	...	...	...	402'6	5'5	...	...	...	6'4	18'4	12'9	2'8	...	...	'9	3'7	21'1	731'6 {	25'7	1'8	1'8	5'5	11'9			
763 {	...	...	...	...	234'6	18'3	1'3	...	...	6'6	11'8	49'8	1'3	...	...	...	1'3	15'7	416'8 {	14'4	...	1'3	5'2	9'2			
1,235 {	5'7	...	...	...	278'5	4'9	...	...	...	8'9	8'9	38'1	'8	...	1'6	...	1'6	30'8	664'0 {	21'1	11'3	'8	14'6	4'0			
528 {	...	...	...	...	108'0	...	...	...	...	5'7	11'4	5'7	3'8	...	...	...	7'6	115'5	511'4 {	26'5	20'8	22'7	26'5	45'5			
366 {	...	...	...	...	98'4	10'9	...	5'5	...	5'5	16'4	8'2	2'7	...	...	...	10'9	30'1	459'0 {	19'1	2'7	...	16'4	10'9			
1,230 {	...	...	...	...	109'8	6'5	'8	'8	1'6	2'4	8'1	57'7	'8	...	2'4	3'3	7'3	28'5	386'2 {	16'3	1'6	...	11'4	15'4			
2,872 {	...	...	1'7	...	149'4	6'6	10'1	1'7	2'4	10'4	10'1	26'8	1'7	'3	'7	'3	18'8	39'3	528'6 {	25'4	7'7	6'3	11'5	13'9			
334 {	...	...	...	...	164'7	9'0	...	...	3'0	9'0	21'0	77'8	18'0	...	...	...	35'9	24'0	586'9 {	24'0	...	6'0	15'0	3'0			
1,133 {	...	...	...	...	48'5	8'8	'9	1'8	1'8	6'2	19'4	10'6	...	...	'9	...	7'1	110'3	462'5 {	23'8	...	43'2	20'3	46'8			
44 {	...	...	...	...	...	...	...	...	...	...	22'7	...	...	...	...	22'7	...	...	227'3 {	22'7	...	...	...	...			



# NATIVE TROOPS, 1902.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.															2. DEATH-RATE.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.
Poona . . .	1,692 {	...	...	...	...	258'3	4'7	29'0	1'8	3'5	4'1	21'9	21'9	19'5	...	...	6	11'8	43'1	758'3	31'3	7'1	7'7	17'7
Kirkee . . .	977 {	...	...	...	...	653'0	1'0	...	5'1	3'1	2'0	23'5	42'0	10'2	...	...	...	4'1	51'2	1,125'9	25'6	9'2	16'4	9'2
Sirur . . .	308 {	...	...	...	...	74'7	6'5	...	3'2	3'2	3'2	...	26'0	3'2	...	...	...	...	39'0	353'9	19'5	9'7	...	9'7
GROUP IX.— DECCAN.	15,978 {	8	...	4	...	242'2	5'9	6'0	1'4	1'4	6'8	15'0	29'3	4'5	1	8	6	11'0	45'8	631'1	23'9	8'2	7'6	13'3
Bombay . . .	1,167 {	...	...	...	...	281'9	10'3	9	1'7	3'4	12'9	34'3	48'8	11'1	...	4'3	9	16'3	67'7	784'1	26'6	12'0	24'9	17'1
Cannanore . . .	420 {	...	...	4'8	...	90'5	...	9'5	14'3	2'4	7'1	16'7	14'3	2'4	2'4	4'8	...	40'5	23'8	533'3	33'3	7'1	2'4	11'9
Trivandrum . . .	83 {	...	...	...	...	...	...	12'0	24'1	...	...	12'0	...	12'0	...	...	...	60'2	...	373'5	12'0	...	...	...
GROUP X.— WESTERN COAST.	1,670 {	...	...	1'2	...	219'8	7'2	3'6	6'0	3'0	10'8	28'7	37'7	9'0	6	4'2	6	24'6	53'3	700'6	27'4	10'2	18'0	15'0
A.																								
Bellary . . .	787 {	...	1'3	2'5	...	124'5	6'4	7'6	8'9	...	14'0	19'1	26'7	5'1	...	1'3	...	10'2	55'9	545'1	38'1	12'7	6'4	17'8
Bangalore . . .	2,872 {	...	...	2'1	...	382'7	3'1	7'3	3'5	2'8	17'4	20'5	18'5	7	...	1'7	...	26'1	40'4	884'4	33'1	11'8	1'4	12'2
B.																								
Trichinopoly . . .	904 {	...	8'8	...	1'1	46'5	1'1	...	2'2	1'1	6'6	31'0	22'1	11'1	...	1'1	...	24'3	38'7	487'8	17'7	3'3	3'3	10'0
Pallavaram . . .	49 {	...	...	...	...	285'7	...	...	...	...	...	61'2	40'8	...	...	...	...	265'3	...	1,000'0	142'9	...	...	...
St. Thomas' Mount. }	641 {	...	...	3'1	...	154'4	...	...	...	3'1	15'6	14'0	12'5	17'2	...	4'7	7'8	31'2	42'1	758'2	25'0	7'8	1'6	9'4
Madras . . .	655 {	6'1	...	...	...	114'5	10'7	3'1	4'6	3'1	...	19'8	67'2	3'1	...	...	1'5	7'6	87'0	658'0	29'0	9'2	9'2	18'3
C.																								
Vizianagram . . .	361 {	...	...	...	...	...	...	77'6	22'2	...	13'9	5'5	11'1	2'8	...	...	...	52'6	97'0	518'0	44'3	2'8	44'3	33'2
GROUP XI.— SOUTHERN INDIA.	6,270 {	6	1'4	1'6	2	227'6	3'5	9'1	4'8	2'1	13'1	20'6	24'2	4'8	...	1'6	1'0	25'8	50'1	727'8	31'8	9'4	5'6	14'0
Maymyo . . .	840 {	...	...	...	...	159'5	16'7	...	1'2	1'2	8'3	16'7	64'3	2'4	...	2'4	...	25'0	29'8	565'5	23'8	3'6	7'1	13'1
Kalanaga . . .	47 {	...	...	...	...	297'9	...	...	...	...	...	...	...	21'3	...	...	...	...	21'3	383'0	21'3	21'3	...	...
Kohima . . .	546 {	...	...	...	...	141'0	...	1'8	...	7'3	23'8	25'6	20'1	...	...	...	1'8	9'2	38'5	655'7	34'8	11'0	5'5	7'3
Shillong . . .	654 {	...	...	...	...	313'5	3'1	3'1	...	10'7	30'6	16'8	39'8	13'8	...	...	4'6	9'2	62'7	782'9	39'8	16'8	12'2	12'2
Gantak . . .	231 {	...	...	...	...	121'2	4'3	...	...	...	4'3	21'6	8'7	4'3	...	...	8'7	4'3	30'3	376'6	17'3	8'7	...	4'3
Almora . . .	500 {	...	...	...	...	96'0	28'0	2'0	...	8'0	10'0	8'0	34'0	6'0	...	14'0	...	8'0	134'0	624'0	38'0	48'0	...	46'0



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Naini Tal .	182 {	...	...	...	...	33'0	54'9	5'5	...	5'5	...	...	11'0	...	...	...	...	...	120'9	291'2	22'0	54'9	...	27'5	38'5
Lansdowne .	2,255 {	...	4	4	2'7	106'9	6'2	4	4	9'3	14'2	16'9	17'3	9'8	...	1'8	...	5'8	36'4	468'3	21'7	8'9	10'6	12'4	4'4
Simla .	121 {	...	...	...	...	82'6	16'5	...	...	...	24'8	8'3	16'5	...	...	...	...	...	24'8	322'3	16'5	16'5	...	8'3	...
Jutogh .	216 {	...	...	...	...	60'2	4'6	...	4'6	...	27'8	18'5	41'7	13'9	...	...	...	13'9	41'7	463'0	18'5	13'9	...	4'6	23'1
Dharmasala .	1,195 {	25'1	...	...	4'2	302'1	51'0	8	8	10'0	7'5	22'6	21'8	6'7	...	2'5	...	15'1	59'4	750'6	33'5	3'3	2'5	32'6	20'9
Bakloh .	1,015 {	38'4	...	2'0	...	67'0	42'4	...	1'0	57'1	8'9	12'8	9'9	5'9	...	2'0	2'0	33'5	57'1	600'0	33'5	6'9	5'9	13'8	30'5
Murree .	61 {	...	...	...	...	213'1	65'6	...	...	...	...	32'8	98'4	...	...	...	...	...	16'4	770'5	16'4	16'4	...	...	...
Khyragully .	74 {	...	...	...	...	67'6	...	...	27'0	...	13'5	27'0	27'0	...	...	...	...	...	...	445'9	27'0	...	...	...	...
Baragully .	69 {	...	...	...	...	29'0	14'5	...	...	...	...	58'0	29'0	14'5	...	...	...	...	14'5	318'8	14'5	...	...	...	14'5
Kalabagh .	74 {	...	...	...	...	81'1	13'5	...	...	...	...	...	13'5	...	...	...	...	...	27'0	297'3	13'5	...	...	27'0	...
Chitral .	174 {	...	...	...	5'7	913'8	51'7	...	...	...	17'2	28'7	11'5	...	...	...	...	17'2	...	1304'6	28'7	...	...	...	...
Kila Drosh .	786 {	...	...	...	8'9	760'8	35'6	3'8	...	6'4	7'6	16'5	17'8	3'8	...	1'3	2'5	6'4	11'5	1123'4	38'2	...	3'8	5'1	2'5
Malakand .	574 {	...	...	...	...	277'0	5'2	...	1'7	...	5'2	24'4	54'0	3'5	...	...	5'2	5'2	1'7	550'5	13'9	...	...	1'7	...
Dargai .	175 {	...	...	...	...	171'4	...	...	...	...	5'7	11'4	68'6	11'4	...	...	5'7	5'7	...	514'3	11'4	...	...	...	...
Chakdara .	216 {	...	...	...	...	601'9	23'1	...	...	...	9'3	18'5	101'9	9'3	...	4'6	...	...	4'6	972'2	18'5	...	4'6	...	...
Abbottabad .	2,160 {	...	...	...	3'2	86'6	19'0	2'8	1'9	25'5	16'7	19'9	20'8	1'4	...	1'9	4'2	13'4	43'1	488'0	35'2	9'7	9'7	7'4	16'2
Cherat .	55 {	...	...	...	...	163'6	18'2	...	...	...	18'2	36'4	145'5	...	...	...	...	36'4	...	927'3	36'4	...	...	...	...
Hangu .	191 {	...	...	...	...	256'5	15'7	...	...	...	15'7	20'9	99'5	...	...	...	...	26'2	5'2	654'5	20'9	5'2	...	...	...
Miran Shah .	688 {	...	...	...	...	1,238'4	11'6	...	...	2'9	40'7	14'5	43'6	5'8	...	...	...	18'9	5'8	1,649'7	42'2	...	...	2'9	2'9
Boya .	223 {	...	...	...	...	668'2	17'9	...	...	4'5	13'5	49'3	89'7	22'4	...	...	...	17'9	9'0	1,201'8	26'9	...	...	4'5	4'5
Datta Khel .	833 {	...	...	2'4	...	1,246'1	22'8	...	2'4	4'8	38'4	40'8	229'3	6'0	...	1'2	6'0	15'6	6'0	1,917'2	39'6	1'2	...	...	4'8
Sarwekai .	217 {	...	...	9'2	...	313'4	69'1	...	...	...	13'8	27'6	147'5	4'6	...	...	...	18'4	4'6	1,055'3	46'1	...	...	4'6	...
Nagandioba .	59 {	...	...	...	...	237'3	...	16'9	...	...	33'9	50'8	254'2	...	...	...	...	...	16'9	745'8	16'9	...	...	...	16'9
Wana .	640 {	...	...	...	...	767'2	12'5	...	...	1'6	100'0	132'8	182'8	15'6	...	4'7	...	29'7	12'5	1,760'9	65'6	1'6	...	7'8	3'1
Waziribagh .	54 {	...	...	...	...	55'6	...	...	...	...	92'6	18'5	...	...	...	...	18'5	37'0	...	333'3	18'5	...	...	...	...
Mir Ali Khel .	175 {	...	...	...	...	800'0	5'7	...	...	...	91'4	...	211'4	28'6	...	5'7	57'1	11'4	17'1	1,445'7	40'0	...	...	5'7	11'4
Fort Sandeman .	754 {	5'3	...	...	...	412'5	1'3	...	2'7	4'0	23'9	83'6	107'4	63'7	1'3	...	18'6	134'0	19'9	1,233'4	43'8	1'3	5'3	8'0	5'3
Musa Khel .	26 {	...	...	...	...	269'2	...	...	...	...	38'5	115'4	230'8	...	...	...	38'5	...	...	769'2	38'5	...	...	...	...
Khan Mohamed Kot. }	61 {	...	...	...	...	524'6	...	...	...	...	49'2	65'6	163'9	32'8	...	...	...	...	16'4	1,262'3	32'8	...	...	...	16'4
Murgha .	48 {	...	...	...	...	312'5	...	...	20'8	...	41'7	41'7	166'7	20'8	...	...	...	41'7	...	729'2	20'8	...	...	...	...



TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table X

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	
Loralai . . .	944 {	...	...	...	1'1	535'0	8'5	44'5	2'1	4'2	8'5	21'2	45'6	103'8	...	1'1	3'2	80'5	40'3	1,340'0	45'6	...	8'5	11'7	
Gumbaz . . .	73 {	...	...	...	...	411'0	54'8	13'7	...	...	95'9	13'7	95'9	41'1	...	...	...	13'7	13'7	958'9	27'4	...	...	13'7	
Quetta . . .	2,425 {	...	...	1'2	...	219'8	10'7	...	8	4'1	12'8	26'0	63'5	11'1	...	3'7	4'5	23'5	20'6	716'7	33'8	8	2'9	3'7	
Peshin . . .	276 {	...	...	...	...	293'5	10'9	...	...	...	43'5	68'8	115'9	79'7	...	3'6	...	18'1	29'0	952'9	39'9	3'6	...	7'2	
Shelabagh . . .	35 {	...	...	...	...	114'3	...	...	...	...	...	...	142'9	28'6	...	...	...	...	57'1	600'0	28'6	...	...	...	
Spinwana . . .	35 {	...	...	...	...	28'6	...	...	...	...	28'6	28'6	57'1	...	...	...	...	28'6	28'6	428'6	28'6	...	...	...	
Chaman . . .	608 {	...	...	...	...	72'4	47'7	...	11'5	3'3	24'7	24'7	42'8	4'9	...	...	23'0	9'9	14'8	580'6	23'0	...	3'3	3'3	
Mount Abu . . .	86 {	...	...	...	...	11'6	34'9	58'1	...	11'6	11'6	...	...	11'6	...	...	...	...	34'9	232'6	11'6	...	11'6	...	
Ootacamund . . .	148 {	...	...	...	...	27'0	...	13'5	...	...	60'8	27'0	13'5	6'8	...	20'3	...	...	6'8	608'1	20'3	...	...	...	
Mercara . . .	136 {	...	...	...	...	88'2	7'4	...	...	...	51'5	36'8	...	...	...	29'4	...	14'7	...	397'1	14'7	...	...	...	
GROUP XII.— HILL STA- TIONS.	20,950 {	3'5	...	5	1'3	328'7	18'5	3'2	1'3	9'4	20'5	27'5	56'3	14'6	...	2'2	3'9	22'0	31'9	821'9	32'5	5'8	4'6	9'5	
Marching Bengal. in }	2,568 {	...	4	...	...	74'0	3'5	6'6	8	4	7'4	7'8	21'0	2'3	...	1'6	9'7	4'3	13'2	239'5	5'5	5'5	1'6	2'3	
Marching Punjab. in }	4,578 {	...	...	2	2	116'4	9'2	2	2	1'5	20'8	28'0	27'7	5'7	...	...	9	9'4	9'4	342'7	9'2	2'2	2'4	1'7	
Marching Madras. in }	1,093 {	...	...	...	...	34'8	8'2	...	9	...	5'5	6'4	8'2	1'8	...	1'8	...	4'6	16'5	174'7	3'7	3'7	9	2'7	
Marching Bombay. in }	2,974 {	...	...	...	...	202'8	6'1	54'1	1'0	3	6'4	21'5	88'1	4'0	3	...	4'7	4'0	14'1	549'8	10'8	1'7	1'7	1'3	
Hyderabad Con- tingent march- ing.	630 {	...	...	...	...	55'6	6'3	...	...	...	1'6	9'5	7'9	3'2	...	...	...	...	6'3	157'1	3'2	...	...	4'8	
Mahsud Blockade.	1,558 {	41'1	...	6	6	173'9	15'4	...	2'6	2'6	42'4	50'7	156'0	33'4	...	6	...	3'2	5'1	845'3	39'8	6	6	2'6	
Malakand Force.	1,121 {	8'0	...	...	...	69'6	...	...	...	...	25'0	23'2	31'2	1'8	...	...	...	...	3'6	321'1	11'6	...	...	9	
Kohat-Kurram Force.	1,166 {	...	...	...	...	191'3	1'7	...	...	4'3	22'3	56'6	78'0	44'6	...	...	...	9	5'1	644'9	24'0	...	9	3'4	
Delhi Manœuvres and Durbar Force.	2,060* {	5	...	...	...	152'4	24'3	2'4	1'0	1'5	39'8	33'0	68'0	8'3	...	1'0	...	5	21'4	514'1	9'2	8'7	2'4	5'8	
EXTRA INDIA. (a) In the Indian Command:—																									
Chabbar . . .	51 {	...	...	...	...	2,862'7	19'6	...	...	...	19'6	215'7	254'9	58'8	...	...	19'6	...	58'8	4,490'2	98'0	...	...	58'8	
Jask . . .	54 {	...	...	...	...	111'1	...	...	...	...	...	...	...	...	...	...	277'8	...	...	537'0	37'0	...	...	...	
Muscat . . .	22 {	...	...	...	...	272'7	...	...	...	...	...	...	45'5	...	...	...	...	...	...	590'9	...	...	...	...	
Bushire . . .	60 {	...	...	...	...	16'7	50'0	...	16'7	33'3	16'7	16'7	...	...	...	...	...	...	16'7	250'0	16'7	...	...	16'7	
Bagdad . . .	29 {	...	...	...	...	...	...	...	...	...	34'5	34'5	...	...	...	...	...	...	...	103'4	...	...	...	...	
Aden . . .	763 {	...	...	...	...	426'0	10'5	...	...	2'6	6'6	77'3	258'2	83'9	...	...	2'6	21'0	18'3	1,302'8	39'3	...	7'9	2'7	

\* As far as returns have been received.

STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSION-RATE.												2. DEATH-RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Thormaksar .	59 {	...	...	...	...	118'6	...	...	...	...	16'9	33'9	16'9	16'9	...	...	...	16'9	50'8	898'3	33'9	16'9	33'9	...	...
Sheikh Othman .	30 {	...	...	...	...	100'0	...	...	...	...	33'3	33'3	133'3	...	...	...	...	...	33'3	333'3	...	...	...	...	33'3
Perim .	31 {	...	...	...	...	129'0	...	...	...	...	...	96'8	451'6	32'3	...	...	32'3	...	...	1,225'8	32'3	...	...	...	...
Berbera .	5 {	...	...	...	...	200'0	...	...	...	...	...	...	...	...	...	...	...	...	...	200'0	...	...	...	...	...
b) Not in the Indian Command:—																									
Mauritius .	1,396 {	...	...	...	...	331'7 1'43	...	...	5'7 1'43	2'1 72	4'3 72	22'2 72	36'5	2'1	...	...	...	12'9	27'2	661'2 5'01	33'0	7	10'0	3'6	12'9
Colombo .	413 {	...	...	...	...	109'0	...	41'2 2'42	...	...	4'8 2'42	21'8	65'4	2'4	...	...	...	16'9	48'4	816'0 4'84	36'3	9'7	2'4	24'2	12'1
Trincomalee .	148 {	...	...	...	...	121'6	...	...	...	...	...	33'8	33'8	6'8	...	...	...	...	108'1	810'8	40'5	13'5	...	67'6	27'0
Candy .	151 {	39'7	...	...	...	46'4	...	...	...	...	6'6	33'1	59'6	19'9	...	...	...	13'2	19'9	629'1	26'5	19'9	...	...	...
Singapore .	1,333 {	...	3'0 3'00	...	...	70'5 75	...	8	7'5 1'50	...	8	18'0	37'5 75	3'8	...	1'5	...	76'5	37'5	513'1 9'00	26'3	8	17'3	6'8	12'8
INDIA .	* 124,231 {	2'1	2'12	6'02	4'10	274'5 89	11'9 1'14	5'1 03	1'4 35	4'3 80	15'3 3'71	24'6 35	46'0 39	8'6 18	1'1 06	1'1 06	2'4 02	15'0 17	32'8 07	718'0 11'16	26'6	6'4 02	6'1	9'0 06	11'3
INDIA .	† 120,791 {	2'1	2'09	6'02	4'10	277'1 89	12'2 1'18	5'1 02	1'2 32	4'4 82	15'6 3'79	24'6 35	46'2 39	8'8 18	1'1 07	1'1 06	2'5 02	14'3 17	32'7 07	720'5 11'31	26'5	6'5 02	6'0	8'9 06	11'2
BENGAL .	26,652 {	7	4'19	5	5'15	233'1 98	9'7 1'09	3'6	8'30	4'7 86	9'6 1'61	18'9 41	35'8 34	7'6 26	1'1 11	1'2 04	2'4	11'6 15	36'8 15	628'6 8'03	24'7	9'4 08	7'2	10'1 08	10'1
PUNJAB .	43,486 {	4'8	...	7	7'16	297'6 83	17'6 1'31	1'8	7'21	6'8 1'17	23'2 5'70	27'6 46	53'4 32	7'4 05	...	6'02	2'0	13'9 09	18'3	746'5 12'76	27'0	3'6	2'4	5'4	6'9
MADRAS .	18,017 {	4	6'33	9'06	1	223'6 83	5'2 72	6'3 11	2'6 72	1'8 33	8'9 2'22	23'3	33'9 39	4'9 33	2'0 06	2'0 17	4	20'4 17	44'2 06	704'2 12'77	27'8	6'5	8'5	11'9 06	17'2
BOMBAY .	24,371 {	3	...	5'04	1'04	350'6 1'07	10'6 1'19	13'0 04	2'0 29	2'8 70	13'9 4'39	29'0 33	55'1 57	17'0 25	2	1'4 12	5'6 08	17'2 25	48'9 12	855'9 11'65	30'5	9'2	10'7	11'9 12	17'1
HYDERABAD CONTINGENT. }	6,204 {	1'9	...	...	...	231'0 64	8'4 1'61	3	5'16	5'5 32	6'6 2'10	12'7	33'8 32	2'4	...	8'16	8	5'2 48	21'8 16	518'1 9'83	17'6	3'2	1'0	9'5 16	8'1
China Garrison .	‡ 3,905 {	3	2'8 2'05	1'0	5'51	63'8 26	5'4 1'02	5	1'5 26	8'7 3'84	7'7 1'54	57'6 77	35'9 1'54	15'9	...	3	1'0	14'9 1'28	32'0	400'3 13'83	22'5	6'1	6'4	7'2	12'3
Somaliland Expeditionary Force. }	‡ 132 {	...	...	...	...	53'0	...	...	...	...	37'9 7'58	98'5	128'8	83'3	...	7'6	...	...	60'6	772'7 7'58	37'9	15'2	22'7	...	22'7
Indian Coronation Contingent to England. }	1,012 {	...	...	...	...	28'7	...	...	...	...	4'9	10'9 99	7'9	...	...	...	...	...	1'0	81'0 99	1'0	...	...	...	1'0

\* See foot-note at the end of Table XXIX.

† " " " "

‡ " " " "



# NATIVE TROOPS, 1902.

## TABLE XXIX.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Port Blair . . .	300	...	...	...	...	81 1	5 ...	1 ...	...	...	...	18 ...	7 1	...	...	...	...	5 ...	12 ...	176 2	6	...	...	4 ...	8 ...	...	...
Rangoon . . .	1,062	3	...	...	1	266	4	19	...	3	3 1	28 ...	97 ...	3	...	2	...	8	94	1,245 5	30	22	32	15	25	3	1
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,362	3	...	...	1	347 1	9	20	...	3	3 1	46 ...	104 1	3	...	2	...	13	106	1,421 7	36	22	32	19	33	3	1
Thayetmyo . . .	318	...	1	...	...	11	...	...	...	...	1	12	21	3	...	1	...	1	17	466 4	11	1	4	4	8	...	1
Keng Tung . . .	301	...	...	...	...	390 3	2 1	...	...	...	3 1	6	7	2	...	...	...	...	7	459 8	15	...	...	3	4	...	...
Fort Stedman . . .	330	...	...	...	...	154	...	...	...	...	...	11	4	25	1	...	...	16	11	301 2	11	...	...	4	7	...	1
Meiktila . . .	128	...	...	...	...	7	1	...	...	2	...	6	3	...	...	...	...	2	1	46	4	...	...	1	...	1	...
Fort Dufferin . . .	1,613	...	...	...	...	629 1	5 1	...	...	...	3 1	31	80	11	...	6 1	1	33	39	1,469 6	48	4	5	18	12	1	1
Bhamo . . .	945	...	...	...	...	349 1	2	...	...	4	...	86	78	2	1	1	...	26 1	9	837 3	32	...	3	3	3	...	...
Myitkyina . . .	25	...	...	...	...	4	...	...	...	...	...	3	1	...	...	...	...	2	...	18 1	1	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . .	3,659	...	1	...	...	1,544 5	10 2	...	...	6 2	7 2	155 ...	194 1	43 2	2	8 1	1	80 1	84	3,596 24	122	5	12	33	34	2	3
Manipur . . .	768	...	1	...	2	198 2	8	...	2	6 2	3	7	47	20	...	...	...	4	21	448 8	27	5	2	11	3	...	2
Sadiya . . .	71	...	...	...	...	32	2	...	...	...	1	1	8	...	...	...	...	8	2	80 1	2	...	...	1	1	...	...
Dibrugarh . . .	246	...	...	...	...	127	9	...	...	4	...	3	8	1	...	2	3	3	4	257 1	11	...	...	3	1	...	...
Silchar . . .	342	...	1	...	...	29	3	...	...	3	...	3	47 2	...	...	...	...	...	13	144 2	6	4	2	3	4	1	1
GROUP III.—ASSAM .	1,427	...	2 1	...	2	386 2	22	...	2	13 2	...	4	14	110 4	21	...	2	3	15	40	929 12	46	9	4	18	9	1 3
Fort William . . .	757	...	...	...	...	366 1	21 1	...	...	1	...	17 1	56	7	...	1	...	18	22	645 3	21	10	6	3	3	...	...
Alipore . . .	684	...	...	1	...	280 6	8 1	...	...	...	5 1	25 1	26	9	...	...	9	17	23	583 9	28	2	9	1	11	...	...
Ballygunge . . .	29	6	...	...	...	2	...	...	...	1	...	2	1	1	...	...	...	1	1	28	1	...	...	...	1	...	...
Barrackpore . . .	337	...	...	...	...	109	...	...	...	...	2 1	5 1	76 1	12	...	...	...	15	33	332 5	11	6	12	8	7	...	4
Buxa . . .	277	...	...	...	...	36	...	...	...	...	1	6	...	2	...	...	3	7	2	109	7	...	...	1	1	1	...
Cuttack . . .	196	...	...	...	...	78	...	...	...	1	...	2	7	...	...	...	...	1	38	182 2	9	5	11	9	13	...	...
GROUP IV.—BENGAL AND ORISSA.	2,280	6	...	1	...	871 7	29 2	...	...	2 1	8 2	57 2	166 1	31 1	...	1	12	59	119	1,879 19	77	23	38	22	36	1	4



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.															
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
<b>A</b>																											
Doranda . . .	402 {	...	...	...	...	81	15	...	1	2	8	14	71	16	...	2	...	9	22	501	19	3	9	5	5	1	11
		...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
<b>B</b>																											
Dinapore . . .	634 {	...	6	...	1	119	3	...	...	...	3	22	18	9	...	1	...	3	20	361	18	6	5	3	6	2	...
		...	3	...	1	1	...	...	...	...	2	2	...	2	...	...	...	...	...	11		...	...	...	...	...	...
Benares . . .	600 {	...	...	...	...	59	1	...	1	...	4	7	5	1	...	...	...	1	8	204	9	3	...	2	3	...	...
		...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	3		...	...	...	...	...	...
Allahabad . . .	965 {	...	...	...	1	198	6	...	2	2	16	9	74	3	...	...	1	7	33	610	20	10	3	11	9	1	9
		...	...	...	...	1	1	...	...	1	3	...	...	...	...	...	...	...	...	10		...	...	...	...	...	...
Fyzabad . . .	690 {	...	...	...	1	127	3	...	...	5	6	20	16	1	...	...	1	4	8	341	13	2	2	3	1	5	...
		...	...	...	...	1	...	...	...	...	2	...	1	...	...	...	...	...	...	4		...	...	...	...	...	...
Lucknow . . .	1,739 {	...	...	3	...	144	6	...	3	14	5	8	23	1	...	...	...	5	29	581	26	4	7	8	10	1	5
		...	...	...	...	2	1	...	2	...	1	1	...	...	...	...	...	...	...	9		...	...	...	...	...	...
Cawnpore . . .	979 {	...	...	3	...	116	21	...	2	6	7	32	24	2	1	1	1	6	19	514	24	2	...	12	5	2	...
		...	...	...	...	2	2	...	...	1	1	1	...	1	...	...	...	...	...	11		...	...	...	...	...	...
Fatehgarh . . .	127 {	...	...	...	...	20	...	...	...	...	...	2	1	...	...	...	...	...	4	54	2	3	...	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
<b>GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.</b>	6,136 {	...	6	6	3	864	55	...	9	29	49	114	232	33	1	4	3	35	143	3,166	130	33	26	44	40	12	25
		...	3	...	1	7	5	...	3	2	11	4	1	2	1	...	...	1	...	50		...	...	...	...	...	...
<b>A</b>																											
Shahjahanpur . . .	99 {	...	...	...	...	2	12	...	...	1	1	...	...	1	...	...	...	...	2	30	2	...	...	1	1	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Bareilly . . .	999 {	...	...	...	...	154	4	5	2	7	8	30	30	4	1	3	...	10	37	648	26	22	2	7	6	6	5
		...	...	...	...	...	1	...	1	...	3	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Roorkee . . .	516 {	...	...	1	...	74	...	...	1	2	7	6	9	3	...	...	...	9	15	249	9	3	2	2	8	...	...
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Dehra Dun . . .	839 {	...	1	3	1	204	4	4	1	13	8	23	16	11	...	1	...	9	45	613	28	6	21	10	8	1	1
		...	...	...	1	1	...	...	...	5	2	1	...	...	...	...	...	...	...	12		...	...	...	...	...	...
Meerut . . .	1,124 {	...	...	2	...	272	18	...	...	8	19	13	25	5	...	...	1	61	60	849	31	22	8	10	20	40	6
		...	...	...	...	...	2	...	...	...	4	...	...	...	1	...	...	...	...	7		...	...	...	...	...	...
Delhi . . .	856 {	6	...	...	...	842	14	...	...	1	7	53	41	25	...	1	1	7	32	1,331	31	12	3	7	10	3	...
		...	...	...	...	1	6	...	...	...	1	...	...	1	...	...	...	...	...	10		...	...	...	...	...	...
Umballa . . .	1,578 {	1	...	...	...	132	15	...	...	3	12	9	21	...	...	...	1	2	30	531	22	9	3	2	16	...	...
		...	...	...	...	1	3	...	...	2	3	2	...	...	...	...	...	...	...	14		...	...	...	...	...	...
<b>B</b>																											
Ludhiana . . .	31 {	...	...	...	...	18	...	...	...	...	1	1	...	...	...	...	...	...	...	28	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Jullundur . . .	888 {	...	...	2	...	188	13	11	...	14	45	11	21	2	...	...	3	15	15	573	19	1	1	6	7	3	...
		...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Ferozepore . . .	1,248 {	...	...	...	...	445	5	...	...	5	60	30	27	7	...	...	8	12	13	917	24	1	...	7	5	5	1
		...	...	...	...	1	1	...	...	...	14	1	...	...	...	...	...	...	...	18		...	...	...	...	...	...
Meean Meer . . .	1,579 {	...	...	1	1	282	52	...	...	33	49	42	34	9	1	2	1	33	31	1,006	47	11	2	6	12	2	1
		...	...	...	1	2	9	...	1	6	11	1	...	...	1	...	...	...	...	32		...	...	...	...	...	...
Amritsar . . .	164 {	...	...	...	...	35	2	...	...	1	2	1	8	...	...	...	...	...	1	72	2	...	...	...	1	1	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Sialkot . . .	1,684 {	...	...	2	...	264	43	...	...	10	28	21	66	4	...	2	1	15	28	875	31	2	8	11	7	4	...
		...	...	...	...	...	2	...	...	1	6	...	...	...	...	...	...	...	...	12		...	...	...	...	...	...
Jhelum . . .	1,657 {	...	...	...	2	253	18	5	2	10	21	44	33	2	...	...	...	33	30	986	38	7	3	6	14	...	...
		...	...	...	...	...	...	...	...	...	4	...	...	1	...	...	...	...	...	7		...	...	...	...	...	...
Rawalpindi . . .	1,646 {	...	...	2	...	212	9	6	2	12	33	28	98	7	...	...	5	4	35	770	29	4	5	11	15	6	...
		...	...	...	...	...	1	...	...	3	3	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Attock . . .	70 {	...	...	...	...	27	2	1	...	...	...	...	4	...	...	...	...	3	...	48	2	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
<b>GROUP VI.—UPPER SUB-HIMALAYA.</b>	14,978 {	7	1	13	4	3,404	211	32	8	120	301	312	433	80	2	9	21	213	374	9,52							



# NATIVE TROOPS, 1902.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Peshawar . . . . .	2,533	12	...	...	1	678	23	19	...	8	42	55	93	15	...	...	5	43	64	1,954	58	19	9	20	16	12	2
Fort Jamrud . . . . .	114	...	...	1	...	26	...	1	...	1	2	5	4	...	...	...	...	1	1	58	1	...	1	...	...	...	...
Kohat . . . . .	2,960	48	...	3	4	1,381	69	1	2	18	79	59	217	12	...	2	22	65	61	2,865	98	18	2	19	22	6	13
Thal . . . . .	81	...	...	...	...	175	2	...	...	...	...	6	29	...	...	...	...	9	1	249	5	...	...	...	1	...	...
Latammar . . . . .	40	...	...	...	...	7	...	...	...	...	...	...	2	...	...	...	...	...	1	17	1	...	1	...	...	...	...
Edwardesabad . . . . .	1,616	...	...	1	...	909	61	...	2	15	58	84	102	14	...	...	3	40	41	2,089	68	5	10	8	18	12	3
Jani Khel . . . . .	50	...	...	...	...	16	...	...	...	...	1	1	6	...	...	...	...	1	...	43	1	...	...	...	...	...	...
Khirgi . . . . .	9	...	...	...	...	7	...	...	...	...	...	2	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...
Dera Ismail Khan . . . . .	2,241	1	...	7	...	836	34	...	2	5	61	88	144	20	1	4	4	60	45	2,406	123	11	2	12	20	18	19
Khairu Khel . . . . .	12	...	...	...	...	1	3	...	...	...	...	...	2	...	...	...	...	1	...	7	...	...	...	...	...	...	...
Tank . . . . .	138	...	...	...	...	106	1	...	...	...	10	12	22	9	...	...	...	2	...	234	6	...	...	...	...	...	...
Jatta . . . . .	58	...	...	...	...	20	2	21	...	...	3	2	5	1	...	...	...	...	...	84	2	...	...	...	...	...	...
Drazand . . . . .	46	...	...	...	...	49	5	...	...	...	...	...	10	...	...	...	...	2	...	85	2	...	...	...	...	...	...
Nili Kach . . . . .	125	...	...	1	...	65	...	...	...	...	2	2	9	2	...	1	...	...	...	122	3	...	...	...	...	...	...
Murtaza . . . . .	13	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	1	...	...
Manjhi . . . . .	14	...	...	...	...	3	...	...	...	...	...	...	2	...	...	...	...	...	...	7	...	...	...	...	...	...	...
Fort Zam . . . . .	68	...	...	...	...	64	4	1	...	...	1	5	18	...	...	...	...	2	1	121	2	1	...	...	...	...	...
Mangrota . . . . .	30	...	...	...	...	21	1	1	...	...	...	...	1	...	...	...	...	2	...	34	1	...	...	...	...	1	...
Dera Ghazi Khan . . . . .	329	...	...	...	...	49	10	...	...	...	4	3	14	2	...	...	1	6	8	201	10	2	...	4	2	7	1
Mooltan . . . . .	1,254	...	...	3	1	290	22	1	...	3	13	14	17	2	...	1	...	6	18	667	25	7	2	3	6	...	...
Bikaner . . . . .	42	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...
B.																											
Idak . . . . .	153	...	...	...	...	131	3	...	...	...	3	12	18	2	...	...	...	1	2	215	4	1	...	...	1	1	...
Kajuri . . . . .	42	...	...	...	...	16	1	...	...	...	...	1	2	...	...	...	1	...	...	35	1	...	...	...	...	2	...
Saidgi . . . . .	189	...	...	...	...	91	4	...	...	...	2	9	12	2	...	...	1	4	2	167	3	1	1	...	...	...	...
Jandola . . . . .	261	...	...	...	...	192	21	...	...	1	3	11	51	5	...	...	1	7	...	388	9	...	...	...	...	...	...

STATIONS AND GROUPS	Average annual strength.	1. ADMISSIONS.															2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Kajuri Kach . . .	270 {	...	...	...	...	116 1	4 1	...	...	...	2	6 2	49	3	...	...	...	...	8	280 14	8	1	...	4	3	2	...
Sibi . . .	115 {	...	...	...	...	55	...	...	...	...	8 3	3	16	1	...	...	...	...	2	106 3	2	...	...	1	1	...	...
C. Jacobabad . . .	374 {	...	...	2	...	71 1	7	9	...	2 1	7 2	11	11	3	...	...	1	1	5	242 4	10	...	...	...	5	8	...
Hyderabad . . .	648 {	...	...	...	...	195	15	...	...	2	9 3	15	5	6	...	4	...	3	58	460 7	20	4	13	8	33	1	1
Kurrachee . . .	589 {	...	...	...	...	272	8 1	...	...	1	6 1	10	41 1	1	...	...	17 1	4	23	498 4	18	1	8	8	6	1	2
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	16,472 {	65	...	19	7	6,162	313	54	8	60	358	464	970	113	1	13	61	290	370	14,842	528	75	56	98	141	73	41
		...	...	1	...	16	24	...	2	10	91	10	9	1	...	...	1	...	...	211		...	...	...	...	...	...
A. Bhuj . . .	572 {	...	...	...	...	202	33 2	...	...	...	5 1	29 1	22	8	...	2	19	7	66	556 5	25	27	5	25	9	4	...
Rajkot . . .	212 {	...	...	...	...	69	...	...	...	...	5 3	1	4	...	...	...	...	1	26	154 4	6	7	9	3	7	5	...
Deesa . . .	799 {	...	...	...	...	991	8 5	7	1	3	8	23 1	40	4	...	2	...	4	63	1,521 12	42	14	17	13	19	3	1
Ahmedabad . . .	560 {	...	...	...	...	659	2	...	4	2	18 6	41	17 1	4	...	...	2	3	44	963 7	28	7	15	13	9	14	7
Baroda . . .	260 {	...	...	5	...	218	1 1	...	1	...	2	5	9	1	...	...	1	6	7	326 3	8	...	2	2	3	...	...
B. Alirajpore . . .	40 {	...	...	...	...	3	...	4	...	...	...	1	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...
Sirdarpore . . .	273 {	...	...	...	...	58	4 2	6	...	2 1	7 4	12	1	...	...	...	1	...	39	241 8	11	5	4	11	19	15	3
Jhabwa . . .	29 {	...	...	...	...	2	1	3	...	...	...	...	...	...	...	...	...	...	5	18 1	1	1	...	1	3	4	1
Kherwara . . .	366 {	...	...	...	...	123	...	...	7	2	11 3	16 1	3	8	...	...	...	1	26	454 10	27	...	13	2	11	120	...
Udaipur . . .	66 {	...	...	1	...	3	...	...	...	...	1	2	...	...	...	...	...	...	2	13	1	...	1	...	1	...	...
Todgarh . . .	43 {	...	...	...	...	2	...	1	...	...	...	...	1	...	...	...	...	...	...	7	1	...	...	...	...	1	...
Erinpura . . .	504 {	...	...	...	...	262	5 2	4	...	1 1	5 1	7	8	8	...	...	2	1	28	499 4	14	8	2	6	12	6	2
Neemuch . . .	288 {	...	...	...	...	115	1	...	...	...	7 2	10	9	1	...	2	...	4	22	303 2	13	...	8	4	10	15	...
Deoli . . .	436 {	4	...	...	...	78	4 1	...	...	...	10 2	8	9	1	...	1	...	5	16	244 4	9	11	...	3	2	10	...
Beawar . . .	51 {	...	...	...	...	3	...	...	...	...	4 1	...	...	...	...	...	...	...	3	11 1	1	...	1	2	...	...	...
Nasirabad . . .	611 {	...	...	...	...	85	8 4	...	...	8 1	19 12	16 1	18	...	1	1	1	...	60	302 20	20	9	14	19	18	10	...
Ajmer . . .	392 {	...	...	...	...	120	...	7	...	2	4	...	1	8	...	1	2	3	28	235 1	9	9	1	15	3	1	...
Sambhar . . .	21 {	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...



TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medicensis.
Jaipur . . . .	75 {	...	...	...	...	17	1	...	...	...	3	...	4	...	...	...	...	...	1	35	1	1	...	...	...	2
Muttra . . . .	144 {	...	...	...	...	17	3	...	...	...	...	1	2	1	...	...	...	1	5	78	4	2	...	2	1	...
Agra . . . .	620 {	5	...	1	...	378	13	...	1	6	14	10	58	...	...	1	2	7	22	749	27	3	9	10	...	1
Gwalior . . . .	24 {	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	10	1	...	...	...	...	3
Jhansi . . . .	681 {	...	...	1	...	308	1	19	...	1	10	19	15	12	...	...	9	...	40	735	25	4	10	15	11	18
Nowgong . . . .	1,075 {	...	...	...	...	177	6	...	...	1	9	13	23	4	...	1	...	21	27	418	17	...	19	4	4	1
Goona . . . .	327 {	...	...	...	...	74	1	...	...	...	1	3	6	...	1	1	1	2	15	195	11	1	3	2	9	3
Agar . . . .	286 {	...	...	...	...	14	2	...	...	1	1	1	...	1	...	...	...	1	14	85	5	5	...	4	5	...
Sehore . . . .	579 {	2	...	...	...	192	22	45	1	...	5	21	11	1	...	...	...	7	23	493	14	6	4	8	5	...
Indore . . . .	235 {	...	...	1	...	66	9	...	...	2	5	15	15	3	...	...	...	1	15	184	7	8	2	3	2	...
Mhow . . . .	1,187 {	...	...	...	...	319	19	...	4	3	11	26	34	6	...	1	1	19	83	816	35	11	39	15	18	9
GROUP VIII.—SOUTH- EASTERN RAJPUT- ANA, CENTRAL INDIA, AND GUJA- RAT.	10,754 {	11	...	6	3	4,561	144	97	19	34	165	280	310	71	2	13	41	94	680	9,658	360	139	178	182	181	240
A.																										
Asirgarh . . . .	36 {	...	...	...	...	9	...	1	...	...	...	...	1	...	...	...	...	...	...	16	...	...	...	...	...	...
Saugor . . . .	812 {	...	...	...	...	264	2	...	...	...	8	14	14	...	...	1	...	9	34	517	18	9	4	15	6	...
Sutna . . . .	26 {	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	5	11	1	1	...	2	2	1
Jubbulpore . . . .	819 {	...	...	...	...	304	...	...	...	1	6	21	44	7	...	2	1	17	28	758	20	2	1	11	14	...
Sambalpur . . . .	218 {	...	...	...	...	26	1	...	1	...	...	3	6	...	...	...	...	9	11	138	8	1	...	5	5	...
Raipur . . . .	310 {	...	...	1	...	68	...	1	1	...	1	5	7	...	...	...	...	11	56	257	13	33	...	6	17	...
Kamptee . . . .	544 {	...	...	...	...	137	3	4	1	...	4	3	8	...	...	...	...	7	27	378	12	8	...	6	13	...
Sitabaldi . . . .	83 {	...	...	...	...	24	...	9	...	...	...	3	5	...	1	1	...	...	5	80	1	...	2	...	3	...
B.																										
Ellichpur . . . .	560 {	...	...	...	...	211	7	...	...	...	9	10	6	...	...	...	...	...	4	342	7	1	...	3	...	...
Hingoli . . . .	1,088 {	5	...	...	...	438	6	...	...	...	7	20	14	3	...	...	1	4	23	796	28	2	2	6	13	...
Jalna . . . .	763 {	...	...	...	...	179	14	1	...	...	5	9	38	1	...	...	...	1	12	318	11	...	1	4	7	...
Aurangabad . . . .	1,235 {	7	...	...	...	344	6	...	...	...	11	11	47	1	...	2	...	2	38	820	26	14	1	18	5	...
Ahmednagar . . . .	528 {	...	...	...	...	57	...	...	...	...	3	6	3	2	...	...	...	4	61	270	14	11	12	14	24	1
Mominabad . . . .	366 {	...	...	...	...	36	4	...	2	...	2	6	3	1	...	...	...	4	11	168	7	1	...	6	4	...
Bolarum . . . .	1,230 {	...	...	...	...	135	8	1	1	2	3	10	71	1	...	3	4	9	35	475	20	2	...	14	19	...
Secunderabad . . . .	2,872 {	...	5	...	...	429	19	29	5	7	30	29	77	5	1	2	1	54	113	1,518	73	22	18	33	40	...
Raichur . . . .	334 {	...	...	...	...	55	3	...	...	1	3	7	26	6	...	...	...	12	8	196	8	...	2	5	1	...



STATIONS AND GROUPS.	Average annual Strength.	1. ADMISSIONS.										2. DEATHS.															
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anaemia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.	Dracunculus Medicinensis.	Other Entozoa.
Belgam . . .	1,133 {	...	...	...	...	55	10	1	2	2	7	22	12	...	...	1	...	8	125	524 8	27	...	49	23	53	1	...
Satara . . .	44 {	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	10	1	...	...	...	...	...	...
Poona . . .	1,692 {	...	...	...	...	437	8	49	3	6	7	37	37	33	...	...	1	20	73 1	1,283 8	53	12	13	30	18	9	...
Kirkee . . .	977 {	...	...	...	...	638	1	...	5	3	2	23	41	10	...	...	...	4	50	1,100 5	26	9	16	9	16	3	...
Sirur . . .	308 {	...	...	...	...	23	2	...	1	1	1	...	8	1	...	...	...	...	12	109 2	6	3	...	3	6	2	...
GROUP IX.—DECCAN.	15,978 {	12	...	6	...	3,870 8	94 16	96 2	22 8	23 6	109 23	240	468 6	72 1	2 1	12 2	9	175 3	731 3	10,084 138	381	131	121	213	266	38	11
Bombay . . .	1,167 {	...	...	...	...	329 1	12	1	2	4	15	40 2	57	13	...	5	1	19	79	915 17	31	14	29	20	16	8	11
Cannanore . . .	420 {	...	...	2	...	38	...	4	6	1	3	7	6	1	1	2	...	17	10	224 2	14	3	1	5	1	...	...
Trivandrum . . .	83 {	...	...	...	...	...	...	1	2	...	...	1	...	1	...	...	...	5	...	31	1	...	...	...	...	...	...
GROUP X.—WEST-ERN COAST.	1,670 {	...	...	2	...	367 1	12	6	10	5	18	48 2	63	15	1	7	1	41	89	1,170 19	46	17	30	25	17	8	11
A.																											
Bellary . . .	786 {	...	1	2	...	98	5	6	7	...	11	15	21	4	...	1	...	8	44	429 16	30	10	5	14	15	...	...
Bangalore . . .	2,872 {	...	...	6	...	1,099 6	9	21	10	8	50	59	53	2	...	5	...	75	116	2,540 97	95	34	4	35	43	2	14
B.																											
Trichinopoly . . .	904 {	...	8	...	1	42	1	...	2	1	6	28	20	10	...	1	...	22	35	441 12	16	3	3	9	20	...	57
Pallavaram . . .	49 {	...	...	...	...	14	...	...	...	...	...	3	2	...	...	...	...	13	...	49	7	...	...	...	...	...	...
St. Thomas' Mount . . .	641 {	...	...	2	...	99	...	...	...	2	10	9	8	11	...	3	5	20	27	486 6	16	5	1	6	15	15	18
Madras . . .	655 {	4	...	...	...	75	7	2	3	2	...	13	44	2	...	...	1	5	57	431 5	19	6	6	12	33	2	35
C.																											
Vizianagram . . .	361 {	...	...	...	...	...	...	28	8	...	5	2	4	1	...	...	...	19	35	187 4	16	1	16	12	6	...	...
GROUP XI.—SOUTH-ERN INDIA.	6,270 {	4	9	10	1	1,427 6	22	57	30	13	82	129	152	30	...	10	6	162	314	4,563 140	199	59	35	88	132	19	124
Maymyo . . .	840 {	...	...	...	...	134 1	14	...	1	1	7	14	54	2	...	2	...	21	25	475 5	20	3	6	11	5	...	...
Kalanaga . . .	47 {	...	...	...	...	14	...	...	...	...	...	...	...	1	...	...	...	...	1	18	1	1	...	...	...	...	...
Kohima . . .	546 {	...	...	...	...	77 3	...	1	...	4	13	14	11	...	...	...	1	5	21	358 7	19	6	3	4	8	1	4
Shillong . . .	654 {	...	...	...	...	205	2	2	...	7	20	11	26	9	...	...	3	6	41 1	512 9	26	11	8	8	14	1	1
Gantak . . .	231 {	...	...	...	...	28	1	...	...	...	1	5	2	1	...	...	2	1	7	87	4	2	...	1	4	...	...
Almora . . .	500 {	...	...	...	...	48	14	1	...	4	5	4	17	3	...	7	...	4	67	312 11	19	24	...	23	20	...	...



# NATIVE TROOPS, 1902.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual Strength.	1. ADMISSIONS.										2. DEATHS.														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medi-
Naini Tal . . .	182 {	..	..	..	..	6	10	1	..	1	..	..	2	..	..	..	..	..	22	53	4	10	..	5	7	..
Lansdowne . . .	2,255 {	..	1	1	6	241	14	1	1	21	32	38	39	22	..	4	..	13	82	1,056	49	20	24	28	10	..
Simla . . .	121 {	..	..	..	..	10	2	..	..	..	3	1	2	..	..	..	..	..	3	39	2	2	..	1	..	..
Jutogh . . .	216 {	..	..	..	..	13	1	..	1	..	6	4	9	3	..	..	..	3	9	100	4	3	..	1	5	..
Dharmasala . . .	1,195 {	30	..	..	5	361	61	1	1	12	9	27	26	8	..	3	..	18	71	897	40	4	3	39	25	..
Bakloh . . .	1,015 {	39	..	2	..	68	43	..	1	58	9	13	10	6	..	2	2	34	58	609	34	7	6	14	31	..
Murree . . .	61 {	..	..	..	..	13	4	..	..	..	..	2	6	..	..	..	..	..	1	47	1	1	..	..	..	..
Khyragully . . .	74 {	..	..	..	..	5	..	..	2	..	1	2	2	..	..	..	..	..	..	33	2	..	..	..	..	..
Baragully . . .	69 {	..	..	..	..	2	1	..	..	..	..	4	2	1	..	..	..	..	1	22	1	..	..	..	1	..
Kalabagh . . .	74 {	..	..	..	..	6	1	..	..	..	..	..	1	..	..	..	..	..	2	22	1	..	..	2	..	..
Chitral . . .	174 {	..	..	..	1	159	9	..	..	..	3	5	2	..	..	..	..	3	..	227	5	..	..	..	..	..
Kila Drosh . . .	786 {	..	..	..	7	598	28	3	..	5	6	13	14	3	..	1	2	5	9	883	30	..	3	4	..	..
Malakand . . .	574 {	..	..	..	..	159	3	..	1	..	3	14	31	2	..	..	3	3	1	316	8	..	..	1	..	..
Dargai . . .	175 {	..	..	..	..	30	..	..	..	..	1	2	12	2	..	..	1	1	..	90	2	..	..	..	..	..
Chakdara . . .	216 {	..	..	..	..	130	5	..	..	..	2	4	22	2	..	1	..	..	1	210	4	..	1	..	..	..
Abbottabad . . .	2,160 {	..	..	..	7	187	41	6	4	55	36	43	45	3	..	4	9	29	93	1,054	76	21	21	16	35	..
Cherat . . .	55 {	..	..	..	..	9	1	..	..	..	1	2	8	..	..	..	2	..	..	51	2	..	..	..	..	..
Hangu . . .	191 {	..	..	..	..	49	3	..	..	..	3	4	19	..	..	..	5	1	125	4	..	1	..	..	..	..
Miran Shah . . .	688 {	..	..	..	..	852	8	..	..	2	28	10	30	4	..	..	..	13	4	1,135	29	..	..	2	2	..
Boya . . .	223 {	..	..	..	..	149	4	..	..	1	3	11	20	5	..	..	..	4	2	268	6	..	..	1	1	..
Datta Khel . . .	833 {	..	..	2	..	1,038	19	..	2	4	32	34	191	5	..	1	5	13	5	1,597	33	1	..	..	4	..
Sarwekai . . .	217 {	..	..	2	..	68	15	..	..	..	3	6	32	1	..	..	..	4	1	229	10	..	..	1	..	..
Nagandioba . . .	59 {	..	..	..	..	14	..	1	..	..	2	3	15	..	..	..	..	1	44	1	..	..	..	..	1	..

STATIONS AND GROUPS.	Average annual Strength.	1. ADMISSIONS.															2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Vene real Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Wana . . .	640 {	...	...	...	...	491	8	...	...	1	64	85	117	10	...	3	...	19	8	1,127	42	1	...	5	2	2	...
Waziribagh . .	54 {	...	...	...	...	3	...	...	...	...	5	1	...	...	...	...	1	2	...	18	1	...	...	...	...	...	...
Mir Ali Khel . .	175 {	...	...	...	...	140	1	...	...	...	16	...	37	5	...	1	10	2	3	253	7	...	...	1	2	1	...
Fort Sandeman .	754 {	4	...	...	...	311	1	...	2	3	18	63	81	48	1	...	14	101	15	930	33	1	4	6	4	15	3
Musa Khel . . .	26 {	...	...	...	...	7	...	...	...	...	1	3	6	...	...	...	1	...	...	20	1	...	...	...	...	...	...
Khan Mohamed Kot .	61 {	...	...	...	...	32	...	...	...	...	3	4	10	2	...	...	...	...	1	77	2	...	...	...	1	...	...
Murgha . . .	48 {	...	...	...	...	15	...	...	1	...	2	2	8	1	...	...	...	2	...	35	1	...	...	...	...	...	...
Loralai . . .	944 {	...	...	1	...	505	8	42	2	4	8	20	43	98	...	1	3	76	38	1,265	43	...	8	11	19	8	6
Gumbaz . . .	73 {	...	...	...	...	30	4	1	...	...	7	1	7	3	...	...	...	1	1	70	2	...	...	1	...	...	...
Quetta . . .	2,425 {	...	...	3	...	533	26	...	2	10	31	63	154	27	...	9	11	57	50	1,738	82	2	7	9	32	11	1
Peshin . . .	276 {	...	...	...	...	81	3	...	...	...	12	19	32	22	...	1	...	5	8	263	11	1	...	2	5	...	...
Shelabagh . . .	35 {	...	...	...	...	4	...	...	...	...	...	...	5	1	...	...	...	...	2	21	1	...	...	...	2	...	...
Spinwana . . .	35 {	...	...	...	...	1	...	...	...	...	1	1	2	...	...	...	...	1	1	15	1	...	...	...	1	...	...
Chaman . . .	608 {	...	...	...	...	44	29	...	7	2	15	15	26	3	...	...	14	6	9	353	14	...	2	2	5	4	1
Mount Abú . . .	86 {	...	...	...	...	1	3	5	...	1	1	...	...	1	...	...	...	...	3	20	1	1	...	1	...	...	...
Ootacamund . .	148 {	...	...	...	...	4	...	2	...	...	9	4	2	1	...	3	...	...	1	90	3	...	...	...	1	...	...
Mercara . . .	136 {	...	...	...	...	12	1	...	...	...	7	5	...	...	...	4	...	2	...	54	2	...	...	...	...	...	...
GROUP XII.—HILL STATIONS.	20,950 {	73	1	10	27	6,887	388	67	28	196	429	576	1,180	305	1	47	82	461	669	17,218	681	122	97	199	251	58	29
Marching in Bengal .	2,568 {	...	1	...	...	190	9	17	2	1	19	20	54	6	...	4	25	11	34	615	14	14	4	6	10	2	3
Marching in Punjab .	4,578 {	...	...	1	1	533	42	1	1	7	95	128	127	26	...	...	4	43	43	1,569	42	10	11	8	14	1	1
Marching in Madras .	1,093 {	...	...	...	...	38	9	...	1	...	6	7	9	2	...	2	...	5	18	191	4	4	1	3	10	...	1
Marching in Bombay .	2,974 {	...	...	...	...	603	18	161	3	1	19	64	262	12	1	...	14	12	42	1,635	32	5	5	4	28	8	7
Hyderabad Contingent marching.	630 {	...	...	...	...	35	4	...	...	...	1	6	5	2	...	...	...	...	4	99	2	...	...	3	1	...	...
Mahsud Blockade .	1,558 {	64	...	1	1	271	24	...	4	4	66	79	243	52	...	1	...	5	8	1,317	62	1	1	4	2	...	...
Malakand Force .	1,121 {	9	...	...	...	78	...	...	...	...	28	26	35	2	...	...	...	...	4	360	13	...	...	1	3	...	...
Kohat-Kurram Force .	1,166 {	...	...	...	...	223	2	...	...	5	26	66	91	52	...	...	...	1	6	752	28	...	1	4	1	...	...
Delhi Manœuvres and Durbar Force.	* 2,060 {	1	...	...	...	314	50	5	2	3	82	68	140	17	...	2	...	1	44	1,059	19	18	5	12	9	...	...

\* As far as returns have been received.



# NATIVE TROOPS, 1902.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.															
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhoea.	Dracunculus Medicinalis.	
EXTRA INDIA.																											
(a) In the Indian Command:—																											
Chabbar . . . . .	51	...	...	...	...	146	1	...	...	...	1	11	13	3	...	...	1	...	3	229	5	...	...	3	...	1	
Jask . . . . .	54	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	15	...	...	29	2	...	...	...	...	...	
Muscat . . . . .	22	...	...	...	...	6	...	...	...	...	...	...	1	...	...	...	...	...	...	13	...	...	...	...	...	...	
Bushire . . . . .	60	...	...	...	...	1	3	...	1	2	1	1	...	...	...	...	...	...	1	15	1	...	...	1	...	...	
Bagdad . . . . .	29	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	
Aden . . . . .	763	...	...	...	...	325	8	...	...	2	5	59	197	64	...	...	2	16	14	994	30	...	6	2	6	12	
Khormaksar . . . . .	59	...	...	...	...	7	...	...	...	...	1	2	1	1	...	...	...	1	3	53	2	1	2	...	...	...	
Sheikh Othman . . . . .	30	...	...	...	...	3	...	...	...	...	1	1	4	...	...	...	...	...	1	10	...	...	...	...	1	...	
Perim . . . . .	31	...	...	...	...	4	...	...	...	...	...	3	14	1	...	...	1	...	...	38	1	...	...	...	...	...	
Berbera . . . . .	5	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	
(b) Not in the Indian Command:—																											
Mauritius . . . . .	1,396	...	...	...	...	463	...	...	8	3	6	31	51	3	...	...	...	18	38	923	46	1	14	5	18	...	
Colombo . . . . .	413	...	...	...	...	45	...	17	...	...	2	9	27	1	...	...	...	7	20	337	15	4	1	10	5	...	
Trincomalee . . . . .	148	...	...	...	...	18	...	...	...	...	1	5	5	1	...	...	...	...	16	120	6	2	...	10	4	...	
Kandy . . . . .	151	6	...	...	...	7	...	...	...	...	1	5	9	3	...	...	...	2	3	95	4	3	...	...	...	1	
Singapore . . . . .	1,333	...	4	...	...	94	...	1	10	...	1	24	50	5	...	2	...	102	50	684	35	1	23	9	17	...	
INDIA	† 124,231	1	...	10	3	763	73	5	10	44	212	202	226	29	1	5	11	103	425	3,631	3,310	108	82	109	126	19	
		261	25	75	50	34,101	1,479	631	168	532	1,895	3,051	5,720	1,070	13	139	302	1,862	4,071	89,193		799	761	1,112	1,399	557	
		...	15	2	12	111	142	4	43	100	461	43	48	22	8	7	2	21	9	1,387		2	...	7	...	2	
INDIA	‡ 120,791	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3,204	...	...	...	...	...	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	
INDIA	§ 6,204	1	...	10	3	747	73	5	10	43	211	199	221	29	1	5	11	99	389	3,525	3,204	99	75	106	109	19	
		255	21	75	50	33,474	1,479	613	150	529	1,885	2,977	5,578	1,057	13	137	302	1,733	3,944	87,034		788	723	1,078	1,355	556	
		...	11	2	12	108	142	3	39	99	458	42	47	22	8	7	2	21	9	1,366		2	...	7	...	...	
BENGAL . . . . .	26,652	19	11	14	14	6,230	258	96	20	124	255	505	953	203	3	33	64	310	981	16,754	658	251	193	269	268	99	
PUNJAB . . . . .	43,486	208	...	32	32	12,941	767	80	29	297	1,008	1,200	2,321	320	2	28	88	604	797	32,462	1,172	157	104	234	302	102	
MADRAS . . . . .	18,017	7	10	17	2	4,028	94	114	47	33	161	419	610	88	4	36	8	367	796	12,687	501	118	154	215	309	25	
BOMBAY . . . . .	24,371	8	...	12	2	8,545	258	316	49	69	338	706	1,344	414	4	33	137	419	1,191	20,858	744	224	261	289	417	323	
HYDERABAD CONTINGENT.	6,204	12	...	...	...	1,433	52	2	3	3	41	79	210	15	...	5	5	32	135	3,214	109	20	6	59	50	7	
CHINA GARRISON . . . . .	3,905	1	11	4	2	249	21	2	6	34	30	225	140	62	...	1	4	58	125	1,563	88	24	25	28	48	9	
SOMALILAND EXPEDITIONARY FORCE . . . . .	132	...	8	...	2	1	4	...	1	15	6	3	6	...	...	...	...	5	...	54	5	2	...	...	3	...	
INDIAN CORONATION CONTINGENT TO ENGLAND.	1,012	...	...	...	...	7	...	...	...	...	1	...	...	...	...	...	...	...	8	102	...	...	...	...	...	...	

\* Remaining + admitted = total treated. Remaining + admitted + died out of hospital = total cases.  
† Excluding troops in China, Somaliland, and England (Indian Coronation Contingent), and including troops in Extra India not in the Indian Command.  
‡ Excluding also troops in Extra India not in the Indian Command.  
§ As far as returns have been received.



GROUPS AND COMMANDS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
I.—BURMA COAST AND BAY ISLANDS. {	1,424	1,410	1,405	1,417	1,384	1,375	1,467	1,353	1,277	1,353	1,295	1,190	16,350
	45	37	33	27	37	48	32	38	36	33	30	32	428
II.—BURMA INLAND . {	4,593	4,675	3,114	3,014	3,779	3,439	3,522	3,550	3,480	3,607	3,275	3,859	43,907
	130	140	116	104	101	141	223	130	98	93	96	90	1,462
III.—ASSAM . . . {	1,435	1,504	1,546	1,323	1,333	1,332	1,346	1,339	1,369	1,459	1,516	1,622	17,124
	74	56	40	39	41	40	33	36	37	55	53	48	552
IV.—BENGAL AND ORISSA . {	2,533	2,488	2,338	2,248	2,339	1,841	1,920	1,993	2,290	2,837	2,627	1,909	27,363
	92	79	63	57	68	58	65	69	80	110	99	83	923
V.—GANGETIC PLAIN AND CHUTIA NAGPUR. {	5,601	5,732	5,914	6,439	5,826	5,712	5,841	6,280	6,520	7,108	6,550	6,109	73,632
	115	107	125	153	134	118	112	142	155	149	139	109	1,558
VI.—UPPER SUB-HIMALAYA . {	14,694	15,886	15,502	16,516	15,746	15,257	14,931	15,249	15,215	16,184	13,310	11,250	179,740
	395	370	303	350	309	267	286	329	402	429	370	299	4,109
VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA. {	17,551	18,722	17,612	15,673	15,714	15,512	15,670	16,401	16,445	16,153	15,868	16,348	197,669
	586	641	484	442	432	395	421	458	484	562	731	700	6,336
VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT. {	10,829	12,147	11,263	9,932	9,574	9,999	10,218	10,710	11,601	11,711	10,283	10,786	129,053
	385	363	271	260	273	296	300	365	410	479	469	447	4,318
IX.—DECCAN . . . {	12,940	16,527	16,766	15,474	15,314	15,854	16,521	16,561	16,908	17,592	15,520	15,761	191,738
	332	390	396	360	304	291	343	380	434	493	460	392	4,575
X.—WESTERN COAST . {	1,991	1,884	1,703	1,443	1,552	1,599	1,545	1,609	1,599	1,596	1,772	1,752	20,045
	80	72	43	32	37	35	29	36	45	38	51	51	549
XI.—SOUTHERN INDIA . {	6,246	6,748	6,820	6,474	6,324	6,485	6,421	6,386	6,230	6,418	5,548	5,143	75,243
	183	215	208	216	216	230	220	202	187	159	171	178	2,390
XII.—HILL STATIONS . {	17,932	18,529	20,372	22,380	20,287	21,000	23,068	23,072	23,620	21,824	19,276	20,044	251,404
	661	597	543	637	620	589	679	793	915	816	672	648	8,170
INDIA *	135,806	135,015	128,789	120,067	114,703	115,275	114,313	116,195	118,541	126,495	131,735	133,841	1,490,775
	3,821	3,705	3,111	2,938	2,784	2,702	2,923	3,154	3,502	3,695	3,809	3,572	39,716
INDIA †	131,891	131,113	124,925	116,421	111,189	112,001	111,086	112,953	115,307	123,260	128,559	130,782	1,449,487
	3,705	3,577	2,988	2,825	2,666	2,607	2,837	3,068	3,396	3,596	3,714	3,459	38,448
BENGAL . . . . {	27,834	28,195	27,185	26,792	25,055	25,997	24,926	25,548	26,428	29,389	27,959	24,516	319,824
	676	651	570	650	591	555	561	667	778	825	741	628	7,893
PUNJAB . . . . {	53,476	52,461	48,728	42,162	39,992	40,120	39,281	39,575	40,884	43,835	45,277	36,046	521,834
	1,658	1,550	1,192	994	929	870	960	1,080	1,183	1,243	1,276	1,132	14,067
MADRAS . . . . {	19,528	19,182	18,981	18,246	17,627	17,290	17,797	17,796	17,562	18,025	16,914	17,258	216,206
	509	542	534	525	476	532	587	507	478	452	450	419	6,011
BOMBAY . . . . {	24,319	24,783	23,570	23,827	23,091	22,819	23,035	24,045	24,343	25,113	26,554	26,950	292,449
	751	715	588	574	592	574	642	708	833	928	1,067	960	8,932
HYDERABAD CONTINGENT . {	6,734	6,492	6,461	5,394	5,424	5,775	6,047	5,989	6,090	6,898	6,909	6,239	74,452
	111	119	104	82	78	76	87	106	124	148	143	135	1,313

\* Including troops in Extra India not in the Indian Command.

† Excluding troops in Extra India not in the Indian Command.



# NATIVE TROOPS, 1902.

## TABLE XXX.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.  
SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

### BENGAL COMMAND.

Sadiya.—No defects reported.

Barrackpore.—The latrines of the hospital of the 2nd Rajput Infantry are old, and should be pulled down: movable latrines might be introduced. The native infantry regiments at this station suffer much from dysentery, and it is probable that the old latrines are saturated with the poison which causes the disease.

Cuttack.—The men, for the most part, have to sleep on the ground. The attention of the Officer Commanding has been called by the General Officer Commanding the District to the desirability of having his men sleep on *charpoys*. The latrine at present in use by the single men is a solid brick structure. Urine and faecal matter have soaked into the ground on which it is built, and it is recommended that movable iron latrines be used instead. The General Officer Commanding the District says that this matter will be gone into. The main drain of the cantonments, owing to faulty construction, has no outflow. It is blocked by rising ground near the city. An improvement by arranging for the continuation of this drain through the city to the river will be considered by the General Officer Commanding the District. Some broken ground in the cantonments, an offensive tank in the lines, and two depressions in the ground near the hospital should be filled in. The General Officer Commanding the District says that instructions have been given about the broken ground being filled in, but funds are not at present available to fill in the tank; and that orders were issued for the levelling of all the ground in the neighbourhood of the hospital.

Dinapore.—No defects reported.

Delhi.—See Table V.

Agra.—Ague was unusually prevalent. The breeding places of mosquitoes are numerous within the limits of the cantonment, and it is suggested that these should, where possible, be abolished; that *punkhas* be worked more briskly; and that mosquito-curtains be used when *punkhas* are not needed.

Sehore.—No particular defects reported.

Shillong.—A few sheds are still required to complete the arrangements for the dry earth system, as suggested in the previous year.

Almora.—The water-supply is defective: estimates have been prepared for supply from the Nail springs, but sanction is not yet accorded.

### PUNJAB COMMAND.

Ludhiana.—No defects reported.

Ferozepore.—The present barracks have been condemned, as being insanitary: new ones are to be built. The surface drainage is defective or wanting: a liberal drainage scheme is required. There are two tanks within the cantonments, which also might be dealt with in connection with the drainage. The General Officer Commanding the District says that the question of improving the present drainage system can only be taken up in connection with that of the station in general.

Meean Meer.—The drainage of the lines, like that of the station in general, is defective, and water lodges under the culverts. A large drainage scheme, conceived on a liberal scale, is required. Till this is done, the station must remain unhealthy in years of ordinary rainfall. There are some excavations, the draining of which might form part of the above scheme. There are overcrowding and deficient ventilation in the men's huts, due to deficient quarters for *syces*, many of whom cannot sleep in their own lines: this has been brought to the notice of the President, Bengal Cavalry Lines Committee. The present water-supply not being looked on as safe, the drinking water is boiled before use. The operations in connection with the scheme for a new water-supply for the station are being carried on.

Edwardesabad.—No defects reported.

Dera Ismail Khan.—Verandahs are required to be built for the barracks in the native infantry lines. The question will be brought to the notice of the standing Barrack Committee.

Tank, Jatta, Drazand, Jandola,

Kajuri Kach, Kila Drosh. Miran Shah,

Datta Khel, Sarwekai, Wana.

} No defects reported.

### MADRAS COMMAND.

Thayetmyo.—The latrines at present in use are insanitary. Temporary sanitary arrangements are being made until the question of a new pattern movable latrine is decided on for the whole district: proposals have been submitted for the improvement. The tank near the commissariat gardens is required to be drained, but the cost is prohibitive.

Keng Tung.—The barrack accommodation is not good. A new site at an elevation of nearly 6,000 feet is being surveyed by the Public Works Department, and it is hoped that this will turn out thoroughly healthy. The condition of the cantonment is swampy, but it seems useless to spend any money in an attempt to improve it.

Bellary.—No defects reported.

Bangalore.—The scheme for the revision of the native regimental hospital accommodation has not yet been settled. The matter is one which requires early attention, as in some corps the existing accommodation is both insufficient and bad. Estimates for revised accommodation have been submitted to the superior authority, but the matter seems to be at a standstill. Sites have been selected for the extension of the civil and military station with a view to decreasing the overcrowding in certain congested areas, which form *foci* for the spread of plague to the military lines. In view of the severe recrudescence of plague which took place in 1902, and the large number of attacks and deaths which have taken place during the year among the native troops and their followers, it is very necessary that the work of relieving the congested areas of the station be pushed on. The Government of India have quite recently been addressed on the subject. All the followers' lines are at present the property of the regiments, and are generally in an insanitary state for want of proper sanitary control over them, and for want of funds to carry out improvements. It is much to be desired that these lines should be made the property of the Government, and that good sanitary arrangements be instituted. It is believed that in consideration of the importance of this measure, grant of funds is in contemplation. With regard to the very defective methods of conservancy the following improvements are suggested:—(1) The introduction of a well-arranged drainage scheme in the bazaars. (2) A supply of a larger number of iron conservancy carts and receptacles; the latter to all the houses, as well as to the hospitals and the regimental barracks. (3) An increased conservancy staff. (4) The utilization of sulliage and sewage according to modern methods on sewage farms at selected centres. The General Officer Commanding the District says that all this is intimately connected with the question of introducing an improved system of sanitation into the civil and military station; and that he has put forward a proposal for a sewage farm, which would go far to ameliorate the present position. He also adds that an estimate of the cost of introducing the trolley system of removal of the sewage, etc., has been forwarded to the Deputy Adjutant General. The want of properly constructed *dhobi ghats* is still felt, nothing having yet been done in this direction, although the matter was reported last year as one of great importance to the public health, especially during the prevalence of plague. The General Officer Commanding the District remarks that this is a serious want, with which, however, he is powerless to deal, and that it is connected with the question of dealing with the "Ulsoor" tank, which is but partly filled and is a source of malaria to the troops and the persons living near it. He suggests that as the lake is not at present serving any useful purpose, it would be best to drain it very soon and to make endeavours to render the ground innocuous.



TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.  
SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

BOMBAY COMMAND.

Bikaner.—No defects reported.

Sibi.—An improved and more plentiful water-supply is necessary. The General Officer Commanding the District remarks that the scheme is sanctioned and is being carried out.

Rajkot, Deesa, Ahmedabad.—No defects reported.

Baroda.—A small observation ward for infectious diseases is indispensably necessary. A small ward is also needed for serious cases among the native officers. The hospital ward is very dark, and would be improved by raising the roof, making small upper windows, and giving ridge ventilations. The rebuilding of the lines should be expedited : at present the building is going on very slowly.

Sirdarpore, Jhabwa, Kherwara,

Beawar, Nasirabad, Indore,

Waziribagh, Mir Ali Khel.

} No defects reported.

Fort Sandeman.—More barrack accommodation is necessary for the troops and their followers.

Khan Mohamed Kot,

Murgha, Gumbaz.

} No defects reported.

Peshin.—An improved water-supply is required ; the present supply of the fort and the bazaar being open to contamination in several ways.

Jask.—No defects reported.

Aden.—The following suggestions are put forward with a view to remedying certain existing defects:—(1) The appointment of a sanitary inspector for the steamer point and the crater position (cantonments). (2) A better method of disposing of the night-soil and rubbish. (3) An improved method of water-supply : the filling of the water carts *direct* from the reservoirs is very desirable ; also the wooden drinking-water casks in the barracks should be replaced by metal tanks. (4) The closing of many private latrines in the native quarters outside the cantonments, and the provision of sufficient public latrines of a light movable pattern, of iron or wooden structure. (5) The erection of proper *dhobi ghats*.

The General Officer Commanding the District :—Proposals No. (1) and (5) are of considerable importance : the Lieutenant-General Commanding the Forces will be addressed in due course ; question No. (2) is intimately connected with the appointment of a sanitary inspector ; with regard to the water-supply, it would suffice for the present if the casks were each fitted with proper lids and taps ; the municipality will be addressed with regard to proposal No. (4).

HYDERABAD CONTINGENT.

Aurangabad.—Malarial fever was due largely to the pools of water which form after the rains, and also to the pools in the bed of the river. In the bazaar the main drain is out of order. It is proposed to remedy the defects as soon as practicable.



TABLE XXXI.

INFLUENZA by months, stations, groups, and commands.

STATIONS * AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon . . . . .	1	2	...	...	...	...	...	...	...	...	...	...	3
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	1	2	...	...	...	...	...	...	...	...	...	...	3
Ratio per 1,000 . . . . .	7	14	...	...	...	...	...	...	...	...	...	...	22
Thayetmyo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Manipur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Silchar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Ballygunge . . . . .	6	...	...	...	...	...	...	...	...	...	...	...	6
GROUP IV.—BENGAL AND ORISSA . . . . .	6	...	...	...	...	...	...	...	...	...	...	...	6
Ratio per 1,000 . . . . .	24	...	...	...	...	...	...	...	...	...	...	...	26
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinapore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi . . . . .	...	...	6	...	...	...	...	...	...	...	...	...	6
Umballa . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	...	...	6	...	...	1	...	...	...	...	...	...	7
Ratio per 1,000 . . . . .	...	...	4	...	...	1	...	...	...	...	...	...	5
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	...	...	1	2	1	...	...	...	...	...	...	...	4
Peshawar . . . . .	...	1	3	3	5	...	...	...	...	...	...	...	12
Kohat . . . . .	...	47	1	...	...	...	...	...	...	...	...	...	48
Dera Ismail Khan . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . .	...	48	6	5	6	...	...	...	...	...	...	...	65
Ratio per 1,000 . . . . .	...	26	3	3	4	...	...	...	...	...	...	...	39
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Deoli . . . . .	2	1	...	1	...	...	...	...	...	...	...	...	4
Agra . . . . .	...	4	1	...	...	...	...	...	...	...	...	...	5
Sehore . . . . .	1	1	...	...	...	...	...	...	...	...	...	...	2
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . .	3	6	1	1	...	...	...	...	...	...	...	...	11
Ratio per 1,000 . . . . .	3	5	1	1	...	...	...	...	...	...	...	...	10
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Hingoli . . . . .	...	1	...	...	...	...	...	...	...	...	4	...	5
Aurangabad . . . . .	1	...	6	...	...	...	...	...	...	...	...	...	7
GROUP IX.—DECCAN . . . . .	1	1	6	...	...	...	...	...	...	...	4	...	12
Ratio per 1,000 . . . . .	1	1	4	...	...	...	...	...	...	...	3	...	8

TABLE XXXII.

CHOLERA by months, stations, groups, and commands.

ADMISSIONS FROM CHOLERA IN EACH MONTH.													
January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	..	..	..	
I	..	..	..	..	..	..	..	..	..	..	..	I	
I	..	..	..	..	..	..	..	..	..	..	..	I	
2	..	..	..	..	..	..	..	..	..	..	..	3	
..	..	..	..	I	..	..	..	..	..	..	..	I	
..	..	..	..	..	..	..	..	..	I	..	..	I	
..	..	..	..	I	..	..	..	..	I	..	..	2	
..	..	..	..	8	..	..	..	..	7	..	..	14	
..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	6	..	6	
..	..	..	..	..	..	..	..	..	..	6	..	6	
..	..	..	..	..	..	..	..	..	..	9	..	10	
..	..	..	..	..	..	..	I	..	..	..	..	I	
..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	I	..	..	..	..	I	
..	..	..	..	..	..	..	7	..	..	..	..	7	
..	..	..	..	..	..	..	..	..	..	..	..	..	
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..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..												

\* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios see Table XXVIII.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Bellary . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
<b>B</b>																										
Trichinopoly . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	..	..	..	..	..	..	..	..	..	..	8
Madras . . . . .	..	..	..	..	1	1	1	..	..	..	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>GROUP XI.—SOUTHERN INDIA</b> . . . . .	..	..	..	..	1	1	1	..	..	..	1	..	4	..	8	..	..	..	..	..	1	..	..	..	..	9
<i>Ratio per 1,000</i> . . . . .	..	..	..	..	·2	·2	·2	..	..	..	·2	..	·6	..	1·2	..	..	..	..	..	·2	..	..	..	..	1·4
Lansdowne . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Dharmasala . . . . .	..	..	..	..	19	11	..	..	..	..	..	..	30	..	..	..	..	..	..	..	..	..	..	..	..	
Bakloh . . . . .	12	23	4	..	..	..	..	..	..	..	..	..	39	..	..	..	..	..	..	..	..	..	..	..	..	
Fort Sandeman . . . . .	..	..	..	4	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	
<b>GROUP XII.—HILL STATIONS</b>	12	23	4	4	19	11	..	..	..	..	..	..	73	..	..	..	..	..	..	..	..	..	..	1	1	
<i>Ratio per 1,000</i> . . . . .	·7	1·2	·2	·2	·9	·5	..	..	..	..	..	..	3·5	..	..	..	..	..	..	..	..	..	..	·0	·0	
Marching, Bengal . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	
Mahsud Blockade . . . . .	..	30	34	..	..	..	..	..	..	..	..	..	64	..	..	..	..	..	..	..	..	..	..	..	..	
Malakand Force . . . . .	..	8	..	1	..	..	..	..	..	..	..	..	9	..	..	..	..	..	..	..	..	..	..	..	..	
Delhi Manœuvres and Durbar Force . . . . .	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	
<b>EXTRA INDIA.</b> (b) Not in the Indian Command—																										
Kandy . . . . .	..	..	..	..	..	..	5	1	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	
Singapore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	4	
<b>INDIA</b> . . . . .	23	118	57	11	26	13	6	1	..	..	5	1	261	1	8	..	..	1	..	4	3	..	1	6	1	25
<i>Ratio per 1,000</i> . . . . .	·2	·9	·4	·1	·2	·1	·1	·0	..	..	·0	·0	2·1	·0	·1	..	..	·0	..	·0	·0	..	·0	·0	·0	·2
<b>BENGAL</b> . . . . .	7	5	7	..	..	..	..	..	..	..	..	..	19	..	..	..	..	1	..	1	1	..	1	6	1	11
<i>Ratio per 1,000</i> . . . . .	·3	·2	·3	..	..	..	..	..	..	..	..	..	·7	..	..	..	..	·0	..	·0	·0	..	·0	·2	·0	·4
<b>PUNJAB</b> . . . . .	12	109	44	6	25	12	..	..	..	..	..	..	208	..	..	..	..	..	..	..	..	..	..	..	..	
<i>Ratio per 1,000</i> . . . . .	·2	2·1	·9	·1	·6	·3	..	..	..	..	..	..	4·8	..	..	..	..	..	..	..	..	..	..	..	..	
<b>MADRAS</b> . . . . .	1	2	..	..	1	1	1	..	..	..	1	..	7	1	8	..	..	..	..	..	1	..	..	..	10	
<i>Ratio per 1,000</i> . . . . .	·1	·1	..	..	·1	·1	·1	..	..	..	·1	..	·4	·1	·4	..	..	..	..	..	·1	..	..	..	·6	
<b>BOMBAY</b> . . . . .	2	1	..	5	..	..	..	..	..	..	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	
<i>Ratio per 1,000</i> . . . . .	·1	·0	..	·2	..	..	..	..	..	..	..	..	·3	..	..	..	..	..	..	..	..	..	..	..	..	
<b>HYDERABAD CONTINGENT</b> . . . . .	1	1	6	..	..	..	..	..	..	..	4	..	12	..	..	..	..	..	..	..	..	..	..	..	..	
<i>Ratio per 1,000</i> . . . . .	·1	·2	·9	..	..	..	..	..	..	..	·6	..	1·9	..	..	..	..	..	..	..	..	..	..	..	..	



TABLE XXXIII.

ENTERIC FEVER by months, stations, groups, and commands.

TABLE XXXIV.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	...	1	...	1	...	5	6	1	19
Rangoon . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	1	...	5	6	1	19
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	4	...	1	...	1	...	5	6	1	20
Ratio per 1,000 . . .	...	...	7	...	...	...	...	...	...	...	...	...	7	7	...	...	2.8	...	7	...	7	...	3.7	4.6	8	14.7
Manipur . . . . .	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM . . .	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . .	7	7	...	...	...	...	...	...	...	...	...	...	1.4	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinapore . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . .	...	...	...	2	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratio per 1,000 . . .	...	...	...	3	...	...	...	2	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	1	...	...	...	...	5
Bareilly . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	2	...	...	4
Dehra Dun . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	2	...	...	4
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	4	...	...	11
Jullundur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhelum . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	5	...	...	...	...	...	...	...	5
Rawalpindi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Attock . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
GROUP VI.—UPPER SUB- HIMALAYA . . . . .	...	...	...	1	2	...	...	1	...	...	...	...	4	1	1	...	5	7	4	...	1	7	6	...	...	32
Ratio per 1,000 . . .	...	...	...	1	1	...	...	1	...	...	...	...	3	1	1	...	3	4	3	...	1	5	4	...	...	21
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	4	8	6	...	1	...	...	...	19
Fort Jamrud . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Kohat . . . . .	...	...	...	2	1	1	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	1
Jatta . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	4	7	2	4	...	...	...	...	...	21
Nili Kach . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Zam . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Mangrota . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Mooltan . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1
C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	9
Jacobabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	9
GROUP VII.—NORTH-WEST- ERN FRONTIER, INDUS VALLEY, AND NORTH- WESTERN RAJPUTANA . .	...	...	...	4	2	1	...	...	...	...	...	...	7	2	1	2	5	12	10	11	...	1	...	9	1	54
Ratio per 1,000 . . .	...	...	...	3	1	1	...	...	...	...	...	...	4	1	1	1	3	8	6	1	...	1	...	6	1	3.3
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	3	...	...	1	7
Deesa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alirajpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	4
Sirdarpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	1	...	...	...	...	...	...	...	6
Jhabwa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3
Todgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Erinpura . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	4
Ajmer . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	5	...	...	...	...	...	...	...	...	...	7
Sambhar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Agra . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Sehore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19
Indore . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	8	4	3	2	7	8	10	...	45
GROUP VIII.—SOUTH-EAST- ERN RAJPUTANA, CENTRAL INDIA AND GUJARAT . .	...	...	...	1	...	...	...	...	...	...	...	2	3	1	1	8	15	5	4	19	11	11	17	1	4	97
Ratio per 1,000 . . .	...	...	...	1	...	...	...	...	...	...	...	2	3	1	1	7	1.5	5	4	19	11	11	17	1	4	9.0

\* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios see Table XXVIII.



STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
<b>A</b>																											
Asirgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Raipur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
Kamptee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	
Sitabaldi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	...	1	...	...	1	2	...	1	9	
<b>B</b>																											
Jalna . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	
Bolarum . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	
Secunderabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	1	4	3	...	3	1	3	7	1	...	29	
Belgam . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
Poona . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	6	...	...	7	6	8	12	8	...	...	49	
GROUP IX.—DECCAN . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	8	4	7	7	3	8	10	9	16	17	1	6	96	
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	6	2	4	5	2	5	6	5	9	10	4	60		
Bombay . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	
Cannanore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	4	
Trivandrum . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	1	1	...	...	...	...	...	...	...	6	
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	20	...	...	7	6	...	...	...	...	...	...	...	36	
<b>A</b>																											
Bellary . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	5	...	...	...	...	6	
Bangalore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	7	6	1	2	...	...	...	3	...	21	
<b>B</b>																											
Trichinopoly . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Madras . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2	
<b>C</b>																											
Vizianagram . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	5	4	7	3	4	1	28	
GROUP XI.—SOUTHERN	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
INDIA . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	3	1	7	9	1	7	11	7	3	7	1	57	
Ratio per 1,000 . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	2	...	4	1	11	4	2	11	7	5	13	2	91		
Kohima . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	
Shillong . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	2	
Almora . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Naini Tal . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	
Lansdowne . . . . .	...	...	...	3	...	...	...	...	...	1	1	1	6	...	...	...	...	...	...	...	...	...	...	...	...	1	
Dharmasala . . . . .	...	...	...	...	...	...	1	4	...	...	...	...	5	...	...	...	...	...	...	...	...	1	...	...	...	1	
Chitral . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Kila Drosh . . . . .	...	...	...	1	2	...	...	...	2	1	1	...	7	...	...	...	...	2	...	...	...	1	...	...	...	3	
Abbottabad . . . . .	...	...	...	3	2	...	2	...	...	...	...	...	7	...	2	1	2	...	...	...	...	...	...	1	...	6	
Nagandioba . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
Loralai . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	42	...	...	42	
Gumbaz . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	
Mount Abu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	5	
Ootacamund . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	
GROUP XII.—HILL	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
STATIONS . . . . .	...	1	...	7	4	...	3	4	3	2	2	1	27	...	2	2	4	...	3	1	1	1	5	3	45	67	
Ratio per 1,000 . . . . .	...	1	...	3	2	...	1	2	1	1	1	0	13	...	1	1	2	...	1	0	0	2	2	22	32		
Marching, Bengal . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	7	3	5	2	...	...	...	...	...	...	...	...	17	
„ Punjab . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	
„ Bombay . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	63	90	6	161		
Mahsud Blockade . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Delhi Manœuvres and Durbar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	5	
Force . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
EXTRA INDIA.																											
(b) Not in the Indian																											
Command.																											
Colombo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	12	...	...	2	1	...	...	17	
Singapore . . . . .	...	...	...	...	...																						



TABLE XXXV.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XXXVI.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.											
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Port Blair . . .	1	1	2	1	7	7	7	6	13	8	12	16	81	...	...	1	...	2	...	...	...	2	...	...	...
Rangoon . . .	43	11	9	9	1	3	4	35	47	48	28	28	266	...	...	2	1	...	...	...	...	...	...	...	1
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	44	12	11	10	8	10	11	41	60	56	40	44	347	...	...	3	1	2	...	...	...	2	...	...	1
Ratio per 1,000 . . .	30.9	8.5	7.8	7.1	5.8	7.3	7.5	30.3	47.0	41.4	30.9	37.0	254.8	...	...	2.1	.7	1.4	...	...	...	1.6	...	...	.8
Thayetmyo . . .	3	1	1	1	2	1	...	...	...	...	...	2	11	...	...	...	...	...	...	...	...	...	...	...	...
Keng Tung . . .	44	21	16	17	8	44	57	77	47	25	24	10	390	...	...	...	...	...	...	1	...	...	1	...	...
Fort Stedman . . .	27	14	11	24	13	9	14	9	7	6	7	13	154	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . .	...	...	1	1	1	1	1	2	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin . . .	33	26	15	15	27	80	139	37	66	105	69	17	629	2	1	2	...	...	...	...	...	...	...	...	...
Bhamo . . .	32	31	21	11	40	59	74	40	18	14	3	6	349	...	...	...	...	...	...	...	...	...	...	...	2
Myitkyina . . .	...	...	...	...	...	...	...	...	...	...	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . .	139	93	65	69	91	194	285	165	138	150	103	52	1,544	3	1	2	...	...	...	1	...	...	1	...	2
Ratio per 1,000 . . .	30.3	19.9	20.9	22.9	24.1	56.4	80.9	46.5	39.7	41.6	31.4	13.5	422.0	.7	.2	.6	...	...	...	.3	...	...	.3	...	.5
Manipur . . .	38	18	10	11	21	20	18	21	15	9	8	9	198	...	...	...	...	...	...	...	...	4	4	...	...
Sadiya . . .	...	1	...	2	1	2	1	9	4	5	4	3	32	...	1	...	...	...	...	1	...	...	...	...	...
Dibrugarh . . .	11	3	6	1	5	8	6	6	19	31	21	10	127	...	...	...	1	2	1	2	1	1	1	...	...
Silchar . . .	...	2	...	...	1	6	2	1	5	6	3	3	29	...	...	...	...	...	1	1	...	...	1	...	...
GROUP III.—ASSAM . . .	49	24	16	14	28	36	27	37	43	51	36	25	386	...	1	...	1	2	2	4	1	5	6	...	...
Ratio per 1,000 . . .	34.1	16.0	10.3	10.6	21.0	27.0	20.1	27.6	31.4	35.0	23.7	15.4	270.5	...	.7	...	.8	1.5	1.5	3.0	.7	3.7	4.1	...	...
Fort William . . .	25	23	11	22	15	29	45	47	39	50	37	22	366	1	2	2	4	...	2	5	1	1	1	...	2
Alipore . . .	23	24	16	11	17	20	33	24	18	31	45	18	280	...	1	...	2	...	5	...	...	...	...	...	...
Ballygunge . . .	1	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore . . .	1	...	...	6	5	1	1	10	11	16	32	26	109	...	...	...	...	...	...	...	...	...	...	...	...
Buxa . . .	...	2	...	4	1	1	3	2	3	16	4	...	36	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack . . .	3	1	...	5	2	...	...	...	3	4	25	35	78	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . .	53	50	28	48	40	51	83	83	74	117	143	101	871	1	3	2	6	...	7	5	1	1	1	...	2
Ratio per 1,000 . . .	20.9	20.1	12.0	21.4	17.1	27.7	43.2	41.6	32.3	41.2	54.4	52.9	382.0	.4	1.2	.9	2.7	...	3.8	2.6	.5	.4	.4	...	1.0
A Doranda . . .	10	8	6	6	12	8	2	8	10	3	8	...	81	1	2	...	6	1	1	1	1	1	...	...	1
B Dinapore . . .	3	3	4	13	13	9	8	6	17	6	26	11	119	...	...	...	...	...	...	...	...	...	...	2	1
Benares . . .	6	6	13	7	2	4	3	6	3	3	4	2	59	1	...	...	...	...	...	...	...	...	...	...	...
Allahabad . . .	3	11	17	17	13	11	9	25	21	23	27	21	198	...	...	...	...	...	...	1	...	...	2	3	...
Fyzabad . . .	3	3	4	9	6	4	12	48	9	15	8	6	127	...	...	...	...	...	...	...	2	1	...	...	...
Lucknow . . .	13	10	9	14	8	6	11	9	18	23	16	7	144	...	...	...	2	...	...	2	1	1	...	...	...
Cawnpore . . .	6	7	4	21	9	5	2	12	9	31	6	4	116	1	...	...	9	8	2	...	...	1	...	...	...
Fatehgarh . . .	...	...	1	1	2	...	2	4	6	4	...	...	20	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	44	48	58	88	65	47	49	118	93	108	95	51	864	3	2	...	17	9	3	2	3	4	5	5	2
Ratio per 1,000 . . .	7.9	8.4	9.8	13.7	11.2	8.2	8.4	18.8	14.3	15.2	14.5	8.3	140.8	.5	.3	...	2.6	1.5	.5	.3	.5	.6	.7	.8	.3
A Shahjahanpur . . .	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	5	2	1	1	2	...	...
Bareilly . . .	27	9	11	10	12	...	6	13	26	38	1	1	154	2	...	...	1	1	...	...	...	...	...	...	...
Roorkee . . .	4	2	3	3	5	5	2	9	26	13	2	...	74	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun . . .	5	14	11	18	8	11	11	25	53	19	17	12	204	...	...	...	2	...	...	1	...	...	...	1	...
Meerut . . .	5	6	6	5	16	4	4	46	74	71	26	9	272	2	...	...	1	4	2	...	1	3	5	...	...
Delhi . . .	12	5	14	53	69	37	29	97	153	199	114	60	842	...	...	3	3	3	...	...	...	...	2	...	3
Umballa . . .	3	3	1	3	11	9	12	34	25	13	10	2	132	4	...	2	1	1	...	1	...	5	...	...	1
B Ludhiana . . .	1	...	1	...	2	2	2	2	2	5	...	1	18	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . .	8	5	7	13	15	5	8	19	24	41	37	6	188	2	...	1	...	4	4	1	...	...	...	...	1
Ferozepore . . .	22	35	25	38	17	5	13	36	69	109	59	17	445	...	...	...	...	4	...	...	...	...	...	...	...
Meean Meer . . .	16	17	4	21	21	22	23	16	37	63	22	20	282	7	4	12	6	6	3	2	5	2	4	...	1
Amritsar . . .	6	1	4	2	1	2	2	3	8	3	3	...	35	1	1	...	...	...	...	...	...	...	...	...	...
Sialkot . . .	13	39	13	27	11	9	24	25	48	19	25	11	264	...	5	4	...	2	5	4	5	2	7	5	4
Jhelum . . .	12	17	7	12	14	4	15	16	20	54	65	17	253	1	3	...	7	1	1	1	...	...	3	1	...
Rawalpindi . . .	8	3	3	5	6	5	10	39	39	36	46	12	212	...	...	...	1	1	...	1	5	...	1	...	...
Attock . . .	...	...	1	2	4	3	2	2	3	3	1	6	27	...	...	...	...	...	...	1	...	...	1	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . .	142	156	113	212	212	123	163	382	607	686	434	174	3,404	19	13	22	22	28	20	14	17	13	25	7	11
Ratio per 1,000 . . .	9.7	9.8	7.3	12.8	13.5	8.1	10.9	25.1	39.9	42.4	32.6	15.5	227.3	1.3	.8	1.4	1.3	1.8	1.3	.9	1.1	.9	1.5	.5	1.0

\* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios see Table XXVIII.



STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
dan . . . . .	1	3	1	4	4	5	14	8	9	17	14	6	86	...	1	2	2	2	1	...	...	...	1	...	...	9
shera . . . . .	10	7	7	16	18	11	11	21	18	22	67	25	233	...	1	...	1	...	...	...	...	2	...	...	...	4
nawar . . . . .	31	29	31	53	51	43	55	59	97	123	79	27	678	...	1	2	3	3	1	2	4	1	2	3	1	23
Jamrud . . . . .	2	1	3	2	...	3	3	5	2	3	2	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...
at . . . . .	54	28	21	39	48	63	67	78	116	238	402	227	1,381	4	2	4	13	6	11	9	4	8	4	2	2	69
l . . . . .	...	...	...	...	...	...	29	53	32	32	22	7	175	...	...	...	...	...	...	1	1	...	4	2	2	69
ammar . . . . .	...	3	...	...	...	...	...	1	...	...	1	2	7	...	...	...	...	...	...	...	...	...	...	...	...	2
wardesabad . . . . .	57	30	15	39	62	47	71	72	56	151	183	126	909	4	7	6	5	5	3	8	6	6	5	3	3	61
Khel . . . . .	1	5	3	...	...	...	...	...	...	1	3	3	16	...	...	...	...	...	...	...	...	...	...	...	...	...
gi . . . . .	3	3	1	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
a Ismail Khan . . . . .	42	60	41	46	104	65	44	49	83	45	122	135	836	2	2	6	4	7	1	2	2	2	...	2	4	34
iru Khel . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	3
k . . . . .	13	12	15	3	10	2	6	2	1	17	11	14	106	...	...	...	...	...	...	...	...	...	...	...	...	1
a . . . . .	...	...	...	...	...	3	...	...	...	7	8	2	20	...	...	...	...	...	...	...	1	...	1	...	...	2
zand . . . . .	...	...	3	5	12	7	3	...	...	7	7	5	49	...	...	...	...	...	...	...	2	2	1	...	...	5
Kach . . . . .	1	3	7	8	29	1	1	2	1	2	7	3	65	...	...	...	...	...	...	...	...	...	...	...	...	...
ataza . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
hji . . . . .	...	2	...	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
t Zam . . . . .	...	4	4	6	12	9	...	2	3	8	10	6	64	...	...	...	2	...	...	...	...	1	...	...	...	...
ngrota . . . . .	4	...	1	1	1	3	...	2	1	5	2	1	21	...	...	...	...	...	1	...	...	...	...	...	...	4
a Ghazi Khan . . . . .	2	4	2	8	4	4	1	3	2	8	5	6	49	...	...	...	1	2	2	1	1	1	2	...	...	10
oltan . . . . .	30	15	5	12	10	3	30	43	55	42	24	21	290	1	...	2	1	...	...	...	7	9	...	2	...	22
<b>B</b>																										
k . . . . .	5	2	2	2	4	3	13	15	21	28	25	11	131	...	...	...	...	...	1	1	...	...	...	1	...	3
uri . . . . .	2	...	...	2	...	...	1	3	2	2	2	2	16	...	...	...	...	...	...	1	...	...	...	...	...	1
dgi . . . . .	2	...	1	...	5	1	5	7	12	17	31	10	91	...	...	...	1	...	...	2	...	...	1	...	...	4
dola . . . . .	11	7	8	6	32	13	15	21	22	13	23	21	192	...	...	...	1	7	5	5	3	...	...	...	...	21
uri Kach . . . . .	10	5	7	5	17	8	10	9	3	22	12	8	116	...	1	...	...	...	...	...	1	1	...	1	...	4
. . . . .	2	1	3	6	3	...	...	...	...	9	16	15	55	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>C</b>																										
obabad . . . . .	5	6	5	2	7	3	2	1	4	9	14	13	71	6	1	...	...	...	...	...	...	...	...	...	...	7
herabad . . . . .	16	13	9	10	6	...	10	2	11	24	66	28	195	...	...	...	4	...	...	1	2	...	1	3	4	15
rrachee . . . . .	4	4	4	21	36	41	58	24	17	15	8	40	272	1	...	...	1	2	1	2	...	...	...	1	...	8
<b>GROUP VII.—</b>																										
<b>NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.</b>	309	248	199	297	475	338	449	482	568	867	1,166	764	6,162	20	17	22	39	34	26	36	33	33	18	17	18	313
Ratio per 1,000	17'6	13'2	11'3	18'9	30'2	21'8	28'7	29'4	34'5	53'7	73'5	46'7	374'1	1'1	'9	1'2	2'5	2'2	1'7	2'3	2'0	2'0	1'1	1'1	1'1	19'0
<b>A</b>																										
uj . . . . .	39	20	5	1	4	10	8	14	23	14	37	27	202	2	5	6	5	1	...	2	2	3	2	4	1	33
jkot . . . . .	6	4	2	...	...	...	1	2	25	13	5	11	69	...	...	...	...	...	...	...	...	...	...	...	...	...
esa . . . . .	42	24	8	40	16	11	16	27	170	314	176	147	991	1	...	...	1	1	1	...	2	1	...	...	1	8
medabad . . . . .	10	18	16	9	17	29	19	16	30	38	214	243	659	...	...	1	...	...	...	...	...	...	...	...	...	2
roda . . . . .	6	1	4	3	2	...	5	12	18	36	72	59	218	...	...	...	1	...	...	...	...	...	...	...	...	1
<b>B</b>																										
rajpore . . . . .	...	...	...	...	...	1	1	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
darpore . . . . .	4	4	1	...	...	3	3	4	12	10	10	7	58	...	...	1	...	...	1	1	...	...	1	...	...	4
abwa . . . . .	...	...	...	...	...	...	...	...	...	...	...															



TABLE XXXV—continued.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XXXVI—continued.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
A																										
Asirgarh . . . . .	...	...	...	1	...	...	2	3	...	2	...	1	9	...	...	...	...	...	...	...	...	...	...	...	...	
Saugor . . . . .	1	1	11	6	5	2	8	7	97	95	26	5	264	...	...	1	1	...	...	...	...	...	...	...	...	
Sutna . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	
Jubbulpore . . . . .	7	25	14	11	6	9	48	25	55	47	16	41	304	...	...	...	...	...	...	...	...	...	...	...	...	
Sambalpur . . . . .	...	2	1	...	...	...	4	2	8	7	2	...	26	...	...	...	...	...	1	...	...	...	...	...	...	
Raipur . . . . .	2	3	1	...	2	4	7	11	14	23	1	...	68	...	...	...	...	...	...	...	...	...	...	...	...	
Kamptee . . . . .	10	8	10	8	9	5	1	7	14	10	36	19	137	...	...	...	...	...	...	...	...	3	...	...	...	
Sitabaldi . . . . .	...	...	...	3	...	...	4	1	10	3	2	1	24	...	...	...	...	...	...	...	...	...	...	...	...	
B																										
Ellichpur . . . . .	12	21	16	9	1	3	11	25	69	30	10	4	211	...	...	...	...	...	...	...	...	...	3	4	...	
Hingoli . . . . .	2	23	8	23	26	14	23	28	60	106	85	40	438	1	1	1	3	...	...	...	...	...	...	...	...	
Jalna . . . . .	6	7	11	10	6	...	5	11	18	39	47	19	179	1	...	...	1	...	...	1	4	2	...	2	3	
Aurangabad . . . . .	15	15	16	7	3	6	51	49	59	62	43	18	344	1	...	...	2	2	...	...	...	...	...	...	1	
Ahmednagar . . . . .	...	...	...	4	2	5	9	4	9	10	5	9	57	...	...	...	...	...	...	...	...	...	...	...	...	
Mominabad . . . . .	...	2	4	3	1	1	4	4	4	4	2	7	36	...	2	1	...	...	1	...	...	...	...	...	...	
Bolarum . . . . .	8	9	14	16	5	1	11	10	22	18	11	10	135	...	...	1	3	3	...	...	1	...	...	...	...	
Secunderabad . . . . .	16	15	44	45	55	28	25	43	36	45	45	32	429	1	3	3	3	1	...	...	...	5	1	...	2	
Raichur . . . . .	...	...	...	1	...	...	3	6	8	17	16	4	55	...	...	...	...	...	...	1	...	1	...	...	1	
Belgam . . . . .	5	5	4	6	9	6	5	9	3	2	1	...	55	5	2	1	2	...	...	...	...	...	...	...	...	
Poona . . . . .	30	29	32	25	32	27	54	25	24	29	84	46	437	...	1	1	...	...	1	...	2	...	...	...	3	
Kirkee . . . . .	14	14	17	21	30	84	78	35	39	50	210	46	638	...	1	...	...	...	...	...	...	...	...	...	...	
Sirur . . . . .	5	6	3	1	...	...	...	...	4	2	1	1	23	...	...	1	...	...	...	...	...	1	...	...	...	
GROUP IX.—DECCAN	133	185	206	200	192	195	353	305	553	602	643	303	3,870	9	10	10	15	6	2	2	8	8	5	5	14	
Ratio per 1,000	10'3	11'2	12'3	12'9	12'5	12'3	21'4	18'4	32'7	34'2	41'4	19'2	242'2	'7	'6	'6	1'0	'4	'1	'1	'5	'5	'3	'3	'9	
Bombay . . . . .	35	29	14	19	48	32	21	24	31	15	25	36	329	6	1	2	1	...	...	1	...	...	1	...	...	
Cannanore . . . . .	2	1	8	2	7	1	3	3	4	3	3	1	38	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP X.—WESTERN COAST . . . . .	37	30	22	21	55	33	24	27	35	18	28	37	367	6	1	2	1	...	...	1	...	...	1	...	...	
Ratio per 1,000	18'6	15'9	12'9	14'6	35'4	20'6	15'5	16'8	21'9	11'3	15'8	21'1	219'8	3'0	'5	1'2	'7	...	...	'6	...	...	'6	...	...	
A																										
Bellary . . . . .	5	3	9	6	6	8	18	5	12	13	4	9	98	1	1	1	...	...	...	...	...	...	1	...	1	
Bangalore . . . . .	25	18	31	73	197	174	161	85	81	80	92	82	1,099	2	3	1	...	1	...	2	...	...	...	...	...	
B																										
Trichinopoly . . . . .	4	5	11	7	2	3	2	2	1	2	2	1	42	...	...	1	...	...	...	...	...	...	...	...	...	
Pallavaram . . . . .	1	1	...	...	...	1	1	2	3	3	2	...	14	...	...	...	...	...	...	...	...	...	...	...	...	
St. Thomas' Mount . . . . .	5	5	6	3	6	6	7	15	14	25	4	3	99	...	...	...	...	...	...	...	...	...	...	...	...	
Madras . . . . .	19	7	4	...	2	1	3	1	9	11	8	10	75	3	...	...	...	...	3	...	1	...	...	...	...	
GROUP XI.—SOUTH-ERN INDIA . . . . .	59	39	61	89	213	193	192	110	120	134	112	105	1,427	6	4	3	...	1	3	2	1	...	1	...	1	
Ratio per 1,000	9'4	5'8	8'9	13'7	33'7	29'8	29'9	17'2	19'3	20'9	20'2	20'4	227'6	1'0	'6	'4	...	'2	5	'3	'2	...	'2	...	2	
Maymyo . . . . .	4	8	13	9	1	2	2	12	30	24	21	8	134	3	...	1	...	...	...	...	...	4	2	4	...	
Kalanaga . . . . .	1	2	...	...	1	...	4	2	...	2	2	...	14	...	...	...	...	...	...	...	...	...	...	...	...	
Kohima . . . . .	12	4	7	9	13	3	4	10	1	6	5	3	77	...	...	...	...	...	...	...	...	...	...	...	...	
Shillong . . . . .	10	3	4	45	29	26	22	17	13	9	7	20	205	...	...	...	...	1	...	...	1	...	...	...	...	
Gantak . . . . .	2	...	...	1	7	5	...	1	5	4	3	...	28	...	...	...	...	...	...	...	...	...	...	...	1	
Almora . . . . .	4	2	...	7	4	7	6	5	3	4	1	5	48	...	...	...	...	1	4	1	1	5	1	...	1	
Naini Tal . . . . .	...	...	...	...	...	1	...	...	1	1	1	2	6	...	...	...	1	3	1	1	...	1	1	2	...	
Lansdowne . . . . .	19	8	13	13	13	18	25	27	37	26	23	19	241	3	...	...	2	...	2	1	1	5	...	...	...	
Simla . . . . .	...	...	...	...	1	2	4	1	1	1	...	...	10	...	...	...	...	...	...	...	2	...	...	...	...	
Jutogh . . . . .	...	...	...	...	2	1	1	2	3	4	...	...	13	...	...	...	...	...	...	1	...	...	...	...	...	
Dharmasala . . . . .	15	7	10	9	12	8	35	80	107	25	22	31	361	3	1	2	4	1	4	19	9	10	5	2	1	
Bakloh . . . . .	7	7	4	15	7	2	5	9	9	1	...	2	68	2	2	4	9	5	6	7	2	2	2	2	...	
Murree . . . . .	...	...	...	...	2	1	1	2	6	1	...	...	13	...	...	...	...	1	...	1	1	1	...	...	...	
Khyragully . . . . .	...	...	...	...	2	1	1	...	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	
Baragully . . . . .	...	...	...	...	...	...	...	1	...	1	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	
Kalabagh . . . . .	...	...	...	...	5	...	...	...	1	...	...	...	6	...	...	...	1	...	...	...	...	...	...	...	...	
Chitral . . . . .	1	2	...	...	6	56	41	32	10	7	1	3	159	...	...	...	...	7	...	...	...	1	1	...	...	
Kila Drosh . . . . .	1	4	8	14	163	165	106	22	72	29	6	8	598	...	...	...	...	...	...	2	...	21	3	2	...	
Malakand . . . . .	...	...	...	...	...	2	5	51	40	20	32	9														



STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Miran Shah . . . . .	9	8	7	10	28	22	168	194	138	201	34	33	852	1	1	...	1	1	...	...	...	1	1	2	...	8
Boya . . . . .	4	4	1	3	4	4	11	41	33	29	11	4	149	...	1	1	1	...	1	...	...	...	...	...	...	4
Datta Khel . . . . .	24	16	24	21	16	23	95	222	361	153	61	22	1,038	3	...	...	1	1	1	2	2	3	3	1	2	19
Sarwekai . . . . .	4	...	1	1	3	5	28	11	6	1	...	8	68	2	...	3	4	...	...	4	2	...	...	...	...	15
Nagandioba . . . . .	3	1	...	1	...	...	3	1	1	2	...	2	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Wana . . . . .	34	33	23	10	12	17	60	91	74	74	34	29	491	...	2	...	...	...	...	...	2	1	1	1	1	8
Waziribagh . . . . .	2	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Mir Ali Khel . . . . .	4	2	2	...	...	7	3	14	45	45	14	4	140	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Sandeman . . . . .	11	9	5	23	2	6	5	37	85	25	47	56	311	...	...	...	...	...	...	...	1	...	...	...	...	1
Musa Khel . . . . .	1	...	...	1	1	...	1	2	1	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	1
Khan Mohamed Kot . . . . .	10	5	...	...	1	2	1	2	4	4	2	1	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Murgha . . . . .	...	...	1	...	...	...	2	3	4	4	1	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Loralai . . . . .	5	12	18	20	14	11	37	78	140	88	63	19	505	3	...	...	1	...	...	...	...	...	...	...	...	8
Gumbaz . . . . .	...	...	...	...	1	...	...	3	4	6	3	13	30	1	2	...	...	...	...	1	...	...	4	...	...	4
Quetta . . . . .	44	35	45	45	38	...	44	41	73	55	34	50	533	...	...	...	3	2	4	6	3	1	3	3	1	26
Peshin . . . . .	9	2	5	21	14	29	2	4	5	1	10	8	81	...	2	...	...	...	...	...	...	...	...	...	...	3
Shelabagh . . . . .	1	...	...	...	...	...	...	1	1	...	...	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Spinwana . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaman . . . . .	6	4	7	1	1	...	3	...	1	7	6	8	44	...	...	1	4	6	2	2	3	6	4	1	...	29
Mount Abu . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1	1	...	...	3
Ootacamund . . . . .	1	...	1	...	1	1	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara . . . . .	...	...	...	...	...	2	3	2	1	2	1	1	12	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP XII.—HILL STATIONS . . . . .	270	208	220	298	427	445	749	1,053	1,389	916	483	429	6,887	21	12	15	45	24	37	52	36	54	52	28	12	388
Ratio per 1,000 . . . . .	15'1	11'2	10'8	13'3	21'0	21'2	32'5	45'6	58'8	42'0	25'1	21'4	328'7	1'2	'6	'7	2'0	1'2	1'8	2'3	1'6	2'3	2'4	1'5	'6	18'5
Marching, Bengal . . . . .	37	37	12	12	1	18	6	11	2	11	40	3	190	2	3	1	...	...	...	...	...	...	3	...	...	9
" Punjab . . . . .	127	87	45	12	3	6	6	2	10	71	147	17	533	3	6	4	1	2	...	1	...	9	11	5	...	42
" Madras . . . . .	8	4	1	...	...	1	8	8	...	...	...	8	38	1	5	...	...	...	...	...	...	...	3	...	...	9
" Bombay . . . . .	22	10	15	28	13	8	9	24	36	133	179	126	603	2	8	...	1	2	...	2	...	...	2	1	...	18
Hyderabad Contingent marching . . . . .	15	...	...	1	3	1	1	...	...	12	2	...	35	2	...	...	...	1	...	...	...	...	1	...	...	4
Mahsud Blockade . . . . .	131	76	61	3	...	...	...	...	...	...	...	...	271	15	7	2	...	...	...	...	...	...	...	...	...	24
Malakand Force . . . . .	17	16	14	19	9	3	...	...	...	...	...	...	78	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat-Kurram Force . . . . .	27	6	19	10	15	23	22	8	51	28	8	6	223	...	1	...	...	...	...	...	...	...	...	...	...	2
Delhi Manœuvres and Durbar Force . . . . .	...	...	...	...	...	...	...	...	...	...	46	268	314	...	...	...	...	...	...	...	...	...	11	39	...	50
EXTRA INDIA.																										
(a) IN THE INDIAN COMMAND:—A																										
Chabbar . . . . .	14	7	7	9	9	22	21	16	11	19	5	6	146	1	...	...	...	...	...	...	...	...	...	...	...	1
Jask . . . . .	6	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Muscat . . . . .	1	2	...	1	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Bushire . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	1	...	...	...	...	...	...	3
Aden . . . . .	22	24	15	14	17	17	7	9	10	22	123	45	325	1	5	...	...	1	1	...	...	...	...	...	...	8
Khormaksar . . . . .	3	...	...	...	...	...	...	...	...	...	2	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Sheikh Othman . . . . .	...	...	...	...	1	...	...	1	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Perim . . . . .	...	1	...	1	...	...	...	...	1	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Berbera . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) NOT IN THE INDIAN COMMAND:—																										
Mauritius . . . . .	27	28	37	62	60	44	23	26	17	39	26	74	463	...	...	...	...	...	...	...	...	...	...	...	...	...
Colombo . . . . .	...	5	7	2	...	4	2	3	3	3	14	2	45	...	...	...	...	...	...	...	...	...	...	...	...	...
Trincomalee . . . . .	...	1	...	...	2	2	2	5	2	2	2	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Kandy . . . . .	1	2	2	...	...	...	...	...	...	2	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Singapore . . . . .	8	5	10	9	12	5	7	5	6	12	4	11	94	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA . . . . .	1,998	1,581	1,350	1,712	2,108	1,933	2,656	3,281	4,486	4,933	4,733	3,330	34,101	125	116	105	167	128	112	133	107	140	138	98	110	1,479
Ratio per 1,000 . . . . .	14'7	11'7	10'5	14'3	18'4	16'8	23'2	28'2	37'8	39'0	35'9	24'9	274'5	'9	'9	'8	1'4	1'1	1'0	1'2	'9	1'2	1'1	'7	'8	11'9
BENGAL . . . . .	362	299	240	401	365	307	376	746	939	1,051	690	437	6,213	13	13	11	43	33	32	21	11	31	27	13	10	258
Ratio per 1,000 . . . . .	13'0	10'6	8'8	15'0	14'6	11'8	15'1	29'2	35'5	35'8	24'7	17'8	233'1	'5	'5	'4	1'6	1'3	1'2	'9	'4	1'2	'9	'5	'4	9'7
PUNJAB . . . . .	797	640	482	528	836	717	1,103	1,449	1,807	1,858	1,730	994	12,941	57	51	60	84	64	61	84	72	83	83	39	29	767
Ratio per 1,000 . . . . .	14'9	12'2	9'9	12'5	20'9	17'9	28'1	36'6	44'2	42'4	38'2	27'6	297'7	1'1	1'0	1'2	2'0	1'6	1'5	2'1	1'8	2'0	1'9	'9	'8	17'6
MADRAS . . . . .	278	177	208	230	385	438	534	393	392	416	326	251	4,028	19	15	13	6	4	3	4	1	11	5	7	6	94
Ratio per 1,000 . . . . .	14'2	9'2	11'0	12'6	21'8	25'3	30'0	22'1	22'3	23'1	19'3	14'5	223'6	1'0	'8	'7	'3	'2	'2	'2	'1	'6	'3	'4	'3	5'2
BOMBAY . . . . .	467	347	295	410	403	390	500	521	1,080	1,262	1,679	1,191	8,545	31	34	18	25	21	15	23	17	13	22	22	17	258
Ratio per 1,000 . . . . .	19'2	14'0	12'5	17'2	17'5	17'1	21'7	21'7	44'4	50'3	63'2	44'2	350'6	1'3	1'4	'8	1'0	'9	'7	1'0	'7	'5	'9	'8	'6	10'6
HYDERABAD CONTINGENT . . . . .	58	77	69	70	45	26	109	133	240	288	216	102	1,433	5	3	3	9	6	1	1	6	2	1	6	9	52
Ratio per 1,000 . . . . .	8'6	11'9	10'7	13'0	8'3	4'5	18'0	22'2	39'4	41'8	31'3	16'3	231'0	'7	'5	'5	1'7	1'1	'2	'2	1'0	'3	'1	'9	1'4	8'4



TABLE XXXVII.

PNEUMONIA by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon . . . . .	...	...	...	1	...	...	1	...	...	...	...	1	3
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	...	...	...	1	...	...	1	...	...	...	...	1	3
Ratio per 1,000 . . . . .	...	...	...	7	...	...	7	...	...	...	...	8	2.2
Thayetmyo . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1
Keng Tung . . . . .	...	...	...	1	...	1	...	...	...	1	...	...	3
Fort Stedman . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	3
Fort Dufferin . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Myitkyina . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . .	...	...	...	2	...	1	...	...	1	1	...	2	7
Ratio per 1,000 . . . . .	...	...	...	7	...	3	...	...	3	3	...	5	1.9
Manipur . . . . .	...	...	3	...	...	...	...	...	...	...	...	...	3
Sadiya . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1
Dibrugarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Silchar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM . . . . .	1	...	3	...	...	...	...	...	...	...	...	...	4
Ratio per 1,000 . . . . .	7	...	1.9	...	...	...	...	...	...	...	...	...	2.8
Fort William . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore . . . . .	...	...	...	...	1	...	...	...	...	...	...	4	5
Ballygunge . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore . . . . .	...	...	...	1	...	...	...	...	1	...	...	...	2
Buxa . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Cuttack . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . . . .	...	...	...	1	1	...	...	...	...	1	...	5	8
Ratio per 1,000 . . . . .	...	...	...	5	4	...	...	...	...	4	...	2.6	3.5
A.													
Doranda . . . . .	1	1	1	...	1	...	...	...	...	3	1	...	8
B.													
Dinapore . . . . .	...	...	...	...	...	...	1	...	...	...	1	1	3
Benares . . . . .	1	...	...	1	1	...	...	...	...	1	...	...	4
Allahabad . . . . .	...	2	2	1	1	2	1	1	1	3	1	1	16
Fyzabad . . . . .	...	1	...	2	2	...	...	...	...	1	...	...	6
Lucknow . . . . .	...	1	3	...	...	...	...	1	...	...	...	...	5
Cawnpore . . . . .	...	...	1	3	1	...	...	...	1	...	...	1	7
Fatehgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	2	5	7	7	6	2	2	2	2	6	5	3	49
Ratio per 1,000 . . . . .	4	9	1.2	1.1	1.1	4	3	3	3	8	8	5	8.0
A.													
Shahjahanpur . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Bareilly . . . . .	2	2	1	...	...	...	...	1	1	1	...	...	8
Roorkee . . . . .	1	1	2	1	...	...	1	...	...	...	...	1	7
Dehra Dun . . . . .	1	...	...	2	1	...	...	...	1	3	...	...	8
Meerut . . . . .	9	...	6	...	1	...	...	...	1	...	2	...	19
Delhi . . . . .	...	1	...	...	...	...	...	...	1	1	4	...	7
Umballa . . . . .	3	3	2	1	...	1	...	...	1	...	1	...	12
B.													
Ludhiana . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Jullundur . . . . .	19	5	7	4	2	...	2	1	1	...	...	4	45
Ferozepore . . . . .	20	11	4	11	2	1	1	...	1	1	8	...	60
Meean Meer . . . . .	16	8	7	4	2	1	2	...	1	3	1	4	49
Amritsar . . . . .	1	1	...	...	...	...	...	...	...	...	...	...	2
Sialkot . . . . .	5	8	3	...	1	4	...	...	2	4	1	...	28
Jhelum . . . . .	6	9	...	...	1	...	2	...	...	1	1	1	21
Rawalpindi . . . . .	8	4	...	5	...	...	1	1	...	4	7	3	33
Attock . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	91	53	32	28	10	7	9	4	6	18	15	28	301
Ratio per 1,000 . . . . .	6.2	3.3	2.1	1.7	1.6	1.5	1.6	1.3	1.4	1.1	1.1	2.5	20.1

TABLE XXXVIII.

DYSENTERY by months, stations, groups, and commands.

	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Port Blair . . . . .	...	...	...	...	1	3	1	...	...	1	1	...	7
Rangoon . . . . .	7	2	...	5	2	23	33	9	3	3	1	9	97
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	7	2	...	5	3	26	34	9	3	4	2	9	104
Ratio per 1,000 . . . . .	4.9	1.4	...	3.5	2.2	18.9	23.2	6.7	2.3	3.0	1.5	7.6	76.4
Thayetmyo . . . . .	1	1	...	4	1	5	8	...	1	...	...	...	21
Keng Tung . . . . .	...	...	2	...	1	...	...	1	1	2	...	...	7
Fort Stedman . . . . .	2	...	...	...	...	2	...	...	...	...	...	...	4
Meiktila . . . . .	...	...	...	...	...	2	1	...	...	...	...	...	3
Fort Dufferin . . . . .	7	3	7	2	10	8	14	3	4	12	7	3	80
Bhamo . . . . .	8	1	1	3	2	2	15	9	13	6	3	15	78
Myitkyina . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
GROUP II.—BURMA INLAND . . .	18	5	10	9	14	19	38	13	19	20	10	19	194
Ratio per 1,000 . . . . .	3.9	1.1	3.2	6.8	3.7	5.5	10.8	3.7	5.5	5.5	3.1	4.9	53.0
Manipur . . . . .	...	...	3	9	5	10	8	5	1	4	2	...	47
Sadiya . . . . .	...	1	2	1	...	...	...	2	...	...	2	...	8
Dibrugarh . . . . .	1	2	...	...	1	...	...	2	...	1	1	...	8
Silchar . . . . .	...	...	...	3	...	6	5	8	1	16	7	1	47
GROUP III.—ASSAM . . . . .	1	3	5	13	6	16	13	17	2	21	12	1	110
Ratio per 1,000 . . . . .	7	2.0	3.2	9.8	4.5	12.0	10.0	12.7	1.5	14.4	7.9	1.6	77.1
Fort William . . . . .	5	...	4	5	4	7	1	6	3	7	6	8	56
Alipore . . . . .	1	...	1	...	...	3	2	...	...	4	2	13	26
Ballygunge . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
Barrackpore . . . . .	...	1	...	7	3	...	1	...	26	20	9	9	76
Buxa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack . . . . .	1	...	...	...	1	1	1	...	1	...	1	1	7
GROUP IV.—BENGAL AND ORISSA . . . . .	7	1	6	12	8	11	5	6	30	31	18	31	166
Ratio per 1,000 . . . . .	2.8	1.4	2.6	5.3	3.4	6.0	2.6	3.0	13.1	10.9	6.9	16.2	72.8
A.													
Doranda . . . . .	...	2	9	10	10	6	10	17	6	1	...	...	71
B.													
Dinapore . . . . .	...	...	1	3	5	...	1	...	1	...	2	5	18
Benares . . . . .	...	1	...	...	...	...	...	3	...	...	1	...	5
Allahabad . . . . .	2	3	5	4	3	2	...	3	11	10	15	16	74
Fyzabad . . . . .	1	...	...	...	1	...	1	...	5	4	3	1	16
Lucknow . . . . .	1	...	1	5	1	...	1	4	2	4	1	3	23
Cawnpore . . . . .	2	...	1	4	2	...	1	5	2	2	2	3	24
Fatehgarh . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	6	6	17	26	22	8	14	33	27	21	24	28	232
Ratio per 1,000 . . . . .	1.1	1.0	2.9	4.0	3.8	1.4	2.4	5.3	4.1	3.0	3.7	4.6	37.8
A.													
Shahjahanpur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly . . . . .	5	2	5	5	...	1	...	2	6	3	1	...	30
Roorkee . . . . .	...	1	...	...	1	...	...	...	3	3	1	...	9
Dehra Dun . . . . .	...	...	2	1	2	1	3	2	2	2	1	...	16
Meerut . . . . .	...	3	2	...	...	...	...	2	4	7	4	3	25
Delhi . . . . .	...	1	...	...	1	1	1	4	13	12	3	5	41
Umballa . . . . .	1	...	2	1	...	3	2	2	2	4	3	1	21
B.													
Ludhiana . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	1	1	2	2	3	2	2	1	1	2	1	3	21
Ferozepore . . . . .	6	...	1	5	1	...	...	1	1	4	1	7	27
Meean Meer . . . . .	3	...	1	4	5	3	...	5	4	4	3	2	34
Amritsar . . . . .	...	1	...	...	...	3	1	2	...	...	1	...	8
Sialkot . . . . .	1	1	2	5	8	3	10	6	15	8	6	1	66
Jhelum . . . . .	1	2	1	6	3	4	2	3	3	4	3	1	33
Rawalpindi . . . . .	5	2	5	10	3	4	9	8	5	14	28	5	98
Attock . . . . .	...	...	...	...	1	...	...	1	2	...	...	...	4
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	23	11	24	41	28	26	28	40	61	67	56	28	433
Ratio per 1,000 . . . . .	1.6	1.7	1.5	2.5	1.8	1.7	1.9	2.6	4.0	4.1	4.2	2.5	28.9

\* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios see Table XXVIII.



STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A.																										
Mardan . . . . .	3	4	...	4	1	...	...	...	...	...	3	2	17	...	1	1	1	...	...	...	1	3	1	10	1	19
Nowshera . . . . .	3	8	6	3	...	1	...	...	...	2	...	1	24	...	3	...	6	1	...	8	5	5	5	7	5	49
Peshawar . . . . .	17	5	5	...	5	...	...	2	...	...	1	5	42	...	5	8	4	9	6	11	11	7	8	11	93	
Fort Jamrud . . . . .	...	1	...	...	...	...	...	...	...	1	...	...	2	...	1	1	...	...	...	1	...	...	...	...	...	4
Kohat . . . . .	19	11	9	8	2	3	3	3	1	2	6	12	79	3	4	1	10	11	15	32	32	26	28	26	29	217
Thal . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	14	7	1	1	3	...	29
Latammar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Edwardesabad . . . . .	13	8	3	2	...	...	1	2	1	...	6	22	58	17	6	6	1	6	9	8	8	11	7	14	9	102
Jani Khel . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	...	2	1	...	...	...	...	...	6
Dera Ismail Khan . . . . .	21	13	7	3	1	...	...	1	2	...	6	7	61	11	2	10	7	10	11	12	8	15	12	30	16	144
Khairu Khel . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2
Tank . . . . .	4	4	1	...	...	...	...	...	...	...	...	1	10	7	3	...	2	...	4	3	...	2	...	1	...	22
Jatta . . . . .	1	1	...	...	...	...	...	...	...	...	...	1	3	...	...	1	...	1	1	1	...	...	...	...	...	5
Drazand . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	2	1	...	1	3	...	10
Nili Kach . . . . .	...	...	1	...	...	...	...	...	1	...	...	...	2	...	1	6	...	...	1	...	...	...	1	...	...	9
Manjhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2
Fort Zam . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	2	5	4	1	3	...	...	...	18
Mangrota . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Dera Ghazi Khan . . . . .	...	1	...	1	...	...	...	...	...	...	1	1	4	...	...	1	4	1	2	1	1	2	1	1	...	14
Mooltan . . . . .	...	5	2	...	1	1	...	...	...	...	1	3	13	1	1	1	2	...	1	1	2	2	2	...	4	17
Bikaner . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B.																										
Idak . . . . .	...	...	1	...	1	...	...	...	...	...	1	...	3	1	1	...	1	...	1	2	4	4	1	1	2	18
Kajuri . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	2
Saidgi . . . . .	...	...	...	1	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	5	1	...	5	1	...	12
Jandola . . . . .	1	2	...	...	...	...	...	...	...	...	...	...	3	11	9	5	4	4	3	1	6	...	4	1	3	51
Kajuri Kach . . . . .	2	...	...	...	...	...	...	...	...	...	...	...	2	7	3	10	3	2	3	4	2	2	9	3	1	49
Sibi . . . . .	1	2	...	...	...	...	1	...	...	...	2	2	8	...	...	...	...	1	1	...	4	3	5	1	...	16
C.																										
Jacobabad . . . . .	...	2	3	1	...	...	...	...	...	...	...	1	7	...	...	...	1	...	2	...	2	...	1	5	...	11
Hyderabad . . . . .	1	2	2	...	1	...	1	...	...	...	2	...	9	1	...	...	...	...	...	1	...	...	2	1	...	5
Kurrachee . . . . .	1	2	...	...	...	...	1	...	...	...	2	...	6	...	...	1	...	1	5	20	2	5	4	...	...	41
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	89	71	40	23	12	5	8	8	5	7	31	59	358	74	44	55	48	50	71	120	106	101	87	125	89	970
Ratio per 1,000 . . . . .	5'1	3'8	2'3	1'5	'8	'3	'5	'5	'3	'4	2'0	3'6	21'7	4'2	2'4	3'1	3'1	3'2	4'6	7'7	6'5	6'1	5'4	7'9	5'4	58'9
A.																										
Bhuj . . . . .	...	2	1	...	...	...	1	...	...	...	...	1	5	1	...	1	1	1	2	2	2	4	2	3	3	22
Rajkot . . . . .	2	...	1	...	...	...	...	...	...	...	2	...	5	...	...	...	2	...	...	...	1	...	...	...	...	4
Deesa . . . . .	1	1	...	1	1	...	2	...	...	...	...	2	8	2	1	4	2	1	3	3	3	6	3	3	9	40
Ahmedabad . . . . .	7	7	2	...	...	1	...	1	...	...	...	...	18	...	1	...	1	...	...	...	2	2	4	2	5	17
Baroda . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	2	1	...	3	...	...	...	...	...	...	3	2	9	
B.																										
Sirdarpore . . . . .	...	2	3	...	...	...	...	1	...	...	1	...	7	...	...	...	...	...	...	...	1	...	...	...	...	1
Kherwara . . . . .	3	1	3	...	2	...	...	...	...	...	1	1	11	...	...	...	...	...	...	1	1	...	1	...	...	3
Udaipur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Todgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura . . . . .	...	...	...	1	...	...	...	...	...	1	1	2	5	1	...	...	1	1	...	1	2	1	...	1	...	8
Neemuch . . . . .	...	...	...	...	2	...	1	1	1	...	2	...	7	...	...	1	...	...	...	...	6	...	...	2	...	9
Deoli . . . . .	3	...	...	1	...	...	1	1	...	1	1	2	10	...	...	...	1	...	...	...	3	3	...	2	...	9
Beawar . . . . .	...	1	...	...	...	1	1	1	...	...	...	...	4	...	...											



# NATIVE TROOPS, 1902.

TABLE XXXVII—*continued.*

*PNEUMONIA by months, stations, groups, and commands.*

TABLE XXXVIII—*continued.*

*DYSENTERY by months, stations, groups, and commands.*

STATIONS AND GROUPS.		ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																											
Ellichpur . . . . .		2	1	...	1	...	...	...	1	4	...	...	9	...	...	...	1	...	3	1	...	...	...	1	...	6	
Hingoli . . . . .		2	1	1	...	...	...	1	1	...	...	1	7	...	2	...	...	...	...	2	3	1	2	2	2	14	
Jalna . . . . .		...	...	...	...	...	...	1	...	...	1	3	5	...	1	2	5	...	1	13	4	8	1	1	38		
Aurangabad . . . . .		...	1	2	1	...	...	1	1	...	1	3	11	...	2	4	1	1	1	7	12	3	2	...	47		
Ahmednagar . . . . .		...	1	...	1	...	1	...	...	...	...	...	3	...	1	...	...	...	...	...	...	2	...	...	...		
Mominabad . . . . .		1	...	...	...	1	...	...	...	...	...	...	2	...	1	1	...	...	1	...	...	...	...	...	3		
Bolarum . . . . .		1	1	...	...	...	...	1	...	...	1	...	3	...	1	1	8	1	3	21	9	15	7	4	71		
Secunderabad . . . . .		2	6	2	2	5	...	...	1	1	3	4	30	...	9	4	3	5	2	10	13	15	11	3	77		
Raichur . . . . .		1	...	...	...	...	...	1	1	...	...	...	3	...	1	...	...	...	...	13	7	2	2	1	26		
Belgam . . . . .		1	2	1	1	1	...	...	...	1	...	...	7	...	...	3	2	...	1	2	...	2	1	1	...	12	
Poona . . . . .		2	...	1	1	1	...	1	1	...	...	...	7	...	3	4	...	2	2	6	2	6	5	5	2	37	
Kirkee . . . . .		...	1	...	...	...	...	...	...	1	...	...	2	...	...	3	4	2	6	16	3	2	2	1	1	41	
Sirur . . . . .		...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	1	3	1	...	1	8	
GROUP IX.—DECCAN		9	16	17	7	13	3	2	7	6	9	8	12	109	10	22	24	27	14	19	101	64	80	47	42	18	468
Ratio per 1,000		7	10	10	5	8	2	1	4	4	5	5	8	6.8	8	13	14	17	9	12	6.1	3.9	4.7	2.7	2.7	1.1	29.3
Bombay . . . . .		1	5	2	...	...	2	...	...	3	1	1	15	14	4	8	7	2	1	3	2	3	2	4	7	57	
Cannanore . . . . .		...	...	...	1	...	...	1	...	1	...	...	3	...	...	...	1	1	1	1	1	1	...	...	...	6	
GROUP X.—WESTERN COAST		1	5	2	...	1	...	2	1	...	4	1	1	18	14	4	8	8	3	2	4	3	4	2	4	7	63
Ratio per 1,000		5	27	12	...	6	...	13	6	...	25	6	6	10.8	7.0	2.1	4.7	5.5	1.9	1.3	2.6	1.9	2.5	1.3	2.3	4.0	37.7
A																											
Bellary . . . . .		5	2	2	...	...	...	1	...	...	...	1	11	...	...	2	...	1	2	5	1	2	2	1	5	21	
Bangalore . . . . .		2	3	5	3	2	6	5	3	8	8	5	50	4	2	3	1	5	10	10	8	3	3	...	4	53	
B																											
Trichinopoly . . . . .		1	...	...	1	1	1	2	...	...	...	...	6	...	...	2	1	...	2	1	...	3	1	9	1	20	
Pallavaram . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	
St. Thomas' Mount . . . . .		5	1	...	2	...	1	1	...	...	...	...	10	2	...	...	1	...	1	...	1	2	...	1	...	8	
Madras . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	16	4	4	1	...	1	2	5	3	2	3	3	44	
C																											
Vizianagram . . . . .		1	...	2	...	...	1	...	...	1	...	...	5	...	...	1	...	1	...	1	1	...	...	...	...	4	
GROUP XI.—SOUTHERN INDIA		13	7	9	5	3	9	7	6	9	8	5	1	82	23	6	12	4	7	16	19	15	12	11	13	14	152
Ratio per 1,000		2.1	1.0	1.3	.8	.5	1.4	1.1	.9	1.4	1.2	.9	13.1	3.7	.9	1.8	.6	1.1	2.5	3.0	2.3	1.9	1.7	2.3	2.7	24.2	
Maymyo . . . . .		1	...	2	2	1	...	...	...	1	...	...	7	...	...	...	41	2	3	...	1	1	1	3	2	54	
Kohima . . . . .		2	4	1	3	1	2	...	...	...	...	...	13	...	2	...	3	1	...	...	4	...	1	...	...	11	
Shillong . . . . .		1	1	1	5	2	2	2	1	1	3	1	20	1	1	4	1	4	1	4	1	1	6	2	...	26	
Gantak . . . . .		1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	2	
Almora . . . . .		...	...	...	4	1	...	...	...	...	...	...	5	...	...	2	3	2	7	2	1	...	...	...	...	17	
Naini Tal . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	
Lansdowne . . . . .		4	2	3	2	...	1	1	2	4	...	5	8	...	...	1	3	2	3	6	17	3	...	2	2	39	
Simla . . . . .		...	...	...	...	1	...	1	1	...	...	...	3	...	...	...	1	...	...	...	...	1	...	...	...	2	
Jutogh . . . . .		...	...	...	4	1	1	...	...	...	...	...	6	...	...	1	2	1	1	...	1	2	1	...	...	9	
Dharmasala . . . . .		1	...	...	1	...	...	1	1	1	...	...	4	...	...	...	2	1	2	9	4	...	1	1	2	26	
Bakloh . . . . .		...	...	2	...	1	1	...	1	...	...	...	4	...	...	...	4	...	3	...	1	...	...	1	...	10	
Murree . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	1	...	...	...	...	6	
Khyragully . . . . .		...	...	...	...	...	...	1	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	2	
Baragully . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	
Kalabagh . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	
Chitral . . . . .		1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	
Kila Drosh . . . . .		1	...	...	...	...	...	...	...	3	1	1	3	...	...	...	1	2	1	...	...	2	3	1	3	14	
Malakand . . . . .		...	...	...	...	...	...	...	1	1	...	1	3	...	...	...	...	...	1	15	5	7	...	3	...	31	
Dargai . . . . .		...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	1	1	4	5	...	3	12	
Chakdara . . . . .		...	...	...	...	...	1	...	...	...	...	1	2	...	...	...	...	1	8	1	2	...	7	3	...	22	
Abbottabad . . . . .		2	4	8	2	3	1	3	...	2	4	5	36	1	4	5	4	8	4	2	2	2	1	4	8	45	
Cherat . . . . .		1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	...	...	3	...	1	...	...	8	
Hangu . . . . .		...	2	...	...	...	...	...	...	1	...	...	3	...	...	1	...	...	...	...	1	2	3	5	4	19	
Miran Shah . . . . .		4	11	6	...	1	...	...	...	2	1	3	28	...	1	...	...	4	...	6	11	3	1	2	3	30	
Boya . . . . .		1	...	2	...	...	...	...	...	...	...	...	3	...	...	...	1	...	1	4	3	3	5	2	...	20	
Datta Khel . . . . .		6	15	1	2	1	...	3	...	...	3	1	32	7	18	2	4	2	20	44	41	22	17	13	1	191	
Sarwekai . . . . .		2	...	...	...	...	...	1	...	...	...	...	3	...	...	1	7	1	3	5	5	1	...	2	3	32	
Nagandioba . . . . .		...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	1	...	1	4	4	...	...	...	...	15	
Wana . . . . .		10	23	9	5	3	1	2	1	...	1	3	64	1	5	...	1	2	11	28	27	23	13	2	4	117	
Waziribagh . . . . .		4	1	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mir Ali Khel . . . . .		10	1	2	...	1	...	...	1	...	1	...	16	...	...	...	1	...	6	11	7	4	5	2	1	37	
Fort Sandeman . . . . .		1	3	1	1	...	...	1	...	2	2	7	18	1	...	1	4	5	9	16	25	10	5	3	2	81	
Musa Khel . . . . .		...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	2	1	...	1	6	
Khan Mohamed Kot . . . . .		1	2	...	...	...	...	...	...	...	...	...	3	1	1	1	1	...	...	...	1	2	1	...	2	16	



STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Murgha . . . . .	...	...	...	1	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	1	2	1	...	3	8
Oralai . . . . .	...	...	...	1	...	...	1	...	...	1	1	4	8	2	...	1	1	...	11	3	4	9	2	4	6	43
Bumbaz . . . . .	5	2	...	...	...	...	...	...	...	...	...	...	7	...	...	...	1	2	...	...	...	3	...	...	1	7
Quetta . . . . .	4	2	2	4	1	4	...	...	4	4	3	3	31	5	...	2	6	12	18	24	23	24	23	13	4	154
Peshin . . . . .	3	5	1	...	...	...	...	...	...	...	3	...	12	2	2	3	...	1	4	7	2	2	1	8	...	32
Chelabagh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	1	1	...	5
Pinwana . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	...	1	...	...	...	2
Chaman . . . . .	...	5	2	4	...	1	1	1	...	1	...	...	15	...	...	...	3	6	4	2	3	1	5	2	...	26
Mount Abu . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Dotacamund . . . . .	...	1	1	4	...	...	...	1	...	1	1	...	9	...	...	1	...	...	...	...	...	...	...	...	...	2
Mercara . . . . .	...	...	...	...	...	...	...	1	5	1	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS	63	83	44	48	17	15	19	12	21	27	29	51	429	41	36	27	93	64	120	191	208	143	106	90	61	1,180
Ratio per 1,000	3'5	4'5	2'2	2'1	'8	'7	'8	'5	'9	1'2	1'5	2'5	20'5	2'3	1'9	1'3	4'2	3'2	5'7	8'3	9'0	6'1	4'9	4'7	3'0	56'3
Marching, Bengal . . .	10	1	4	...	...	...	...	...	...	1	2	1	19	10	7	3	1	...	7	2	2	2	4	15	1	54
„ Punjab . . . . .	20	28	6	3	...	...	...	...	...	9	19	10	95	14	3	8	2	1	2	4	1	4	43	42	3	127
„ Madras . . . . .	3	3	...	...	...	...	...	...	...	...	...	...	6	...	...	1	1	...	...	...	4	...	...	2	1	9
„ Bombay . . . . .	3	...	3	4	...	...	1	...	1	1	5	1	19	13	1	11	14	5	16	20	21	24	13	15	109	262
Hyderabad Contingent Marching . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	2	...	...	...	1	...	5
Mahsud Blockade . . .	51	6	9	...	...	...	...	...	...	...	...	...	66	202	25	16	...	...	...	...	...	...	...	...	...	243
Malakand Force . . . .	8	9	6	4	1	...	...	...	...	...	...	...	28	3	2	3	21	4	2	...	...	...	...	...	...	35
Kohat-Kurram Force . .	6	1	7	2	1	1	3	...	...	...	1	4	26	...	1	2	10	4	12	14	18	20	4	4	2	91
Delhi Manœuvres and Durbar Force . . . . .	...	...	...	...	...	...	...	...	...	...	10	72	82	...	...	...	...	...	...	...	...	...	...	23	117	140
EXTRA INDIA.																										
(a) In the Indian Command:—																										
Chabbar . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	2	1	3	2	3	...	...	...	...	13
Muscat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Bushire . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Bagdad . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden . . . . .	...	...	...	...	1	...	1	...	...	...	1	2	5	5	5	6	7	4	17	23	9	6	10	56	49	197
Khormaksar . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Sheikh Othman . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	1	...	4
Perim . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	1	...	...	2	3	1	...	2	...	14
(b) Not in the Indian Command:—																										
Mauritius . . . . .	...	...	...	...	...	1	1	...	1	...	2	1	6	1	3	10	1	7	5	5	2	3	1	6	7	51
Colombo . . . . .	...	...	...	1	1	...	...	...	...	...	...	...	2	1	3	4	5	1	1	2	...	5	...	1	4	27
Trincomalee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...	1	...	...	5
Kandy . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	2	1	2	...	3	...	...	...	...	9
Singapore . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	2	6	2	7	10	1	3	...	4	9	4	2	50
INDIA	412	312	212	149	77	46	64	51	54	104	146	268	1,895	504	219	270	371	270	414	666	624	613	538	596	635	5,720
Ratio per 1,000	3'0	2'3	1'6	1'2	'7	'4	'6	'4	'5	'8	1'1	2'0	15'3	3'7	1'6	2'1	3'1	2'4	3'6	5'8	5'4	5'2	4'3	4'5	4'7	46'0
BENGAL . . . . .	43	20	43	27	18	6	9	11	9	21	20	23	255	39	26	53	74	59	62	64	124	131	132	106	83	953
Ratio per 1,000	1'5	'7	1'6	1'0	'7	'2	'4	'4	'3	'7	'7	1'1	9'6	1'4	'9	1'9	2'8	2'4	2'4	2'6	4'9	5'0	4'5	3'8	3'4	35'8
PUNJAB . . . . .	277	212	111	75	30	18	27	15	16	43	68	116	1,008	337	111	107	141	108	155	253	270	223	223	252	141	2,321
Ratio per 1,000	5'2	4'0	2'3	1'8	'8	'4	'7	'4	'4	1'0	1'5	3'2	23'2	6'3	2'1	2'2	3'3	2'7	3'9	6'4	6'8	5'5	5'1	5'6	3'9	53'4
MADRAS . . . . .	19	18	16	17	11	11	8	10	16	17	10	8	161	49	22	31	66	33	68	95	53	51	52	42	48	610
Ratio per 1,000	1'0	'9	'8	'9	'6	'6	'4	'6	'9	'9	'6	'5	8'9	2'5	1'1	1'6	3'6	1'9	3'9	5'3	3'0	2'9	2'9	2'5	2'8	33'9
BOMBAY . . . . .	70	56	39	25	14	9	19	10	8	19	33	36	338	68	41	54	60	49	111	185	133	158	107	149	229	1,344
Ratio per 1,000	2'9	2'3	1'7	1'0	'6	'4	'8	'4	'3	'8	1'2	1'3	13'9	2'8	1'7	2'3	2'5	2'1	4'9	8'0	5'5	6'5	4'3	5'6	8'5	55'1
HYDERABAD CONTINGENT	3	6	3	3	2	1	...	5	4	4	3	7	41	7	7	8	15	2	8	59	36	38	13	13	4	210
Ratio per 1,000	'4	'9	'5	'6	'4	'2	...	'8	'7	'6	'4	1'1	6'6	1'0	1'1	1'2	2'8	'4	1'4	9'8	6'0	6'2	1'9	1'9	'6	33'8





### **III.—PRISONERS, 1902.**



TABLE K.

JAILS by ADMINISTRATIONS.

JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†
ANDAMANS :— Port Blair Convict Settlement	85	S. G.	BENGAL :— <i>contd.</i> Muzaffarpur . . . . .	179	S. G.	N.-W. F. PROVINCE :— Peshawar . . . . .	1,165	S. G.
BURMA :— Mergui . . . . .	14	S. G.	Patna (Bankipore) . . . . .	177	"	Kohat . . . . .	1,768	"
Tavoy . . . . .	60	"	Arrah (Shahabad) . . . . .	191	M. D.	Bannu . . . . .	1,279	"
Moulmein . . . . .	288	"	Chapra (Saran) . . . . .	181	S. G.	Dera Ismail Khan . . . . .	571	"
Shwegyin . . . . .	128	"	Buxar Central . . . . .	204	"	Abbottabad . . . . .	4,152	"
Toungoo . . . . .	156	"	Darjeeling . . . . .	7,163	"	BALUCHISTAN :— Quetta . . . . .	5,511	S. G.
Rangoon Central, Europeans } " natives }	14	"	UNITED PROVINCES OF AGRA AND OUDH(a) :— Korantadih (Ballia) . . . . .	...	S. G.	BOMBAY :— Shikarpur . . . . .	194	S. G.
Maubin . . . . .	...	...	Ghazipur . . . . .	227	"	Sind Gang . . . . .	...	"
Myaungmyo . . . . .	...	...	Azamgarh . . . . .	256	"	Hyderabad Central . . . . .	134	I. B.
Bassein Central . . . . .	40	S. G.	Kasia . . . . .	...	S. G.	Kurrachee . . . . .	28	S. G.
Insein . . . . .	34	"	Gorakhpur . . . . .	255	"	Rajkot . . . . .	417	"
Henzada . . . . .	44	"	Basti . . . . .	292	"	Ahmedabad Central . . . . .	170	"
Myanaung . . . . .	74	"	Fyzabad . . . . .	336	I. B.	Dhulia . . . . .	842	"
Sandoway . . . . .	...	...	Sultanpur . . . . .	305	S. G.	Yerrowda Central (Poona) . . . . .	1,951	I. B.
Kyaukpnyu . . . . .	...	...	Rai Bareli . . . . .	351	"	Bijapur . . . . .	1,998	S. G.
Akyab . . . . .	32	S. G.	Partabgarh . . . . .	311	"	Deccan Gang . . . . .	...	"
Paungdi . . . . .	...	...	Jaunpur . . . . .	263	"	Dharwar . . . . .	2,385	S. G.
Prome . . . . .	...	...	Benares Central . . . . .	256	"	Thana . . . . .	24	"
Thayetmyo Central . . . . .	145	S. G.	" District . . . . .	283	"	Bombay Common } " House of Correction }	20	"
Taungdwingyi . . . . .	492	"	Mirzapur . . . . .	283	"	Ratnagiri . . . . .	110	M.
Magwe . . . . .	...	...	Allahabad Central . . . . .	298	"	Karwar . . . . .	12	S.
Minbu . . . . .	...	...	" District . . . . .	298	"	Aden . . . . .	26	"
Yamethin . . . . .	653	S. G.	Karwi . . . . .	...	S. G.	RAJPUTANA :— Ajmer . . . . .	1,627	S.
Meiktila . . . . .	298	"	Banda . . . . .	415	"	BERAR AND SECUNDERABAD :— Secunderabad . . . . .	1,732	S.
Pagan . . . . .	...	...	Fatehpur . . . . .	373	"	Yeotmahl . . . . .	1,476	"
Pakokku . . . . .	...	...	Hamirpur . . . . .	367	"	Amraoti Central I. . . . .	1,194	"
Myingyan Central . . . . .	243	S. G.	Orai (Jalaun) . . . . .	...	"	Ellichpur . . . . .	1,218	"
Mandalay . . . . .	249	"	Cawnpore . . . . .	417	S. G.	Akola Central . . . . .	920	"
Monywa . . . . .	...	...	Unao . . . . .	412	"	Basim . . . . .	1,842	"
Shwebo . . . . .	600	M. O.	Lucknow Central . . . . .	400	"	Buldana . . . . .	2,132	M.
Bhamo . . . . .	351	S. G.	" District . . . . .	378	"	CENTRAL PROVINCES :— Damoh . . . . .	1,236	S.
Katha . . . . .	329	"	Barabanki . . . . .	...	"	Saugor . . . . .	1,753	"
Kindat . . . . .	361	"	Gonda . . . . .	...	"	Jubbulpore Central . . . . .	1,306	"
ASSAM :— Cachar (Silchar) . . . . .	104	M. D.	Bahraich . . . . .	398	S. G.	Narsinghpur . . . . .	1,305	I.
Sibsagar . . . . .	318	S. G.	Kheri . . . . .	471	"	Mandla . . . . .	1,487	S.
Dibrugarh . . . . .	342	"	Sitapur . . . . .	449	"	Bilaspur . . . . .	884	"
Tezpur . . . . .	292	"	Hardoi . . . . .	462	"	Sambalpur . . . . .	490	"
Nowgong . . . . .	208	"	Etawah . . . . .	498	"	Raipur Central . . . . .	975	"
Gauhati . . . . .	134	I. B.	Mainpuri . . . . .	511	"	Balaghat (Burha) . . . . .	...	"
Dhubri . . . . .	158	S. G.	Etah . . . . .	550	"	Seoni . . . . .	2,043	S.
Sylhet . . . . .	257	M. D.	Fatehgarh Central . . . . .	444	I. B.	Chhindwara . . . . .	2,236	"
Shillong . . . . .	4,987	S. G.	" District . . . . .	507	S. G.	Hoshangabad . . . . .	1,030	"
BENGAL :— Mymensingh . . . . .	59	M. D.	Bareilly Central . . . . .	560	S. G.	Nimar (Khandwa) . . . . .	1,042	I.
Dacca Central . . . . .	20	"	" District . . . . .	544	"	Betul . . . . .	2,189	S.
Tippera (Comilla) . . . . .	36	"	Budaon . . . . .	544	"	Nagpur Central . . . . .	1,025	"
Chittagong . . . . .	87	"	Aligarh . . . . .	610	"	Bhandara . . . . .	861	"
Noakhali . . . . .	43	"	Bulandshahr . . . . .	727	"	Wardha . . . . .	935	"
Backergunge (Barisal) . . . . .	13	"	Moradabad . . . . .	655	"	Chanda . . . . .	658	"
Khulna . . . . .	...	...	Bijnor . . . . .	772	"	Sironcha . . . . .	406	"
Jessore . . . . .	33	M. D.	Dehra Dun . . . . .	2,229	"	MADRAS :— Mangalore . . . . .	42	S.
Baraset . . . . .	...	...	Saharanpur . . . . .	903	"	Cannanore Central . . . . .	47	"
Presidency Central, Europeans } " natives }	17	S. G.	Muzaffarnagar . . . . .	790	"	Bellary . . . . .	1,483	"
Alipore . . . . .	21	I. B.	Meerut . . . . .	739	"	Salem Central . . . . .	919	M.
Hooghly . . . . .	34	S. G.	Muttra . . . . .	576	"	Coimbatore . . . . .	1,348	S.
Burdwan . . . . .	97	"	Agra Central . . . . .	554	"	Palamcottah . . . . .	129	"
Krishnagar (Nadia) . . . . .	32	M. D.	" District . . . . .	860	"	Madura . . . . .	438	"
Faridpur . . . . .	46	"	Jhansi . . . . .	...	"	Trichinopoly Central . . . . .	274	"
Pubna . . . . .	...	...	Lalitpur . . . . .	...	"	Tanjore . . . . .	193	"
Murshidabad (Berhampore) . . . . .	67	M. D.	Almora . . . . .	5,494	S. G.	Cuddalore . . . . .	19	"
Rajshahi Central (Rampur Boalia) . . . . .	70	"	Pauri . . . . .	...	"	Vellore Central . . . . .	698	"
Bogra . . . . .	61	"	PUNJAB :— Delhi . . . . .	715	S. G.	Madras Civil } " Penitentiary Central }	15	"
Malda . . . . .	72	"	Rohtak . . . . .	712	I. B.	Nellore . . . . .	57	"
Dinaipur . . . . .	123	"	Hissar . . . . .	689	"	Rajamundry Central . . . . .	112	M.
Rangpur . . . . .	123	"	Karnal . . . . .	809	S. G.	Vizagapatam . . . . .	14	"
Jalpaiguri . . . . .	284	"	Umballa . . . . .	902	"	Berhampur . . . . .	60	"
Purneah . . . . .	120	S. G.	Ludhiana . . . . .	806	"	Russellkonda . . . . .	...	"
Naya Dumka . . . . .	489	M. D.	Hoshiarpur . . . . .	1,058	"	COORG :— Mercara . . . . .	3,835	S.
Suri (Birbhum) . . . . .	...	...	Jullundur . . . . .	900	"			
Bankura . . . . .	298	M. D.	Ferozepore . . . . .	645	"			
Midnapore Central . . . . .	149	"	Amritsar . . . . .	756	"			
Balasore . . . . .	59	S. G.	Lahore Central . . . . .	706	"			
Cuttack . . . . .	74	"	" District . . . . .	...	"			
Puri . . . . .	17	"	" Female . . . . .	...	"			
Angul . . . . .	...	...	Gurdaspur . . . . .	...	"			
Chaibassa (Singbhum) . . . . .	745	S. G.	Gujranwala . . . . .	829	S. G.			
Purulia (Manbhum) . . . . .	...	...	Sialkot . . . . .	...	"			
Ranchi (Lohardaga) . . . . .	2,128	S. G.	Gujrat . . . . .	...	"			
Palamau (Daltongunge) . . . . .	...	...	Mung Rasul Central . . . . .	...	"			
Hazaribagh Central . . . . .	1,997	S. G.	Jhelum . . . . .	827	S. G.			
Gaya . . . . .	375	M. D.	Rawalpindi . . . . .	1,707	"			
Bhagalpur Central . . . . .	147	S. G.	Shahpur . . . . .	644	"			
Monghyr . . . . .	148	"	Jhang . . . . .	...	"			
Darbhanga . . . . .	167	"	Montgomery Central . . . . .	600	I. B.			
Champarun (Motihari) . . . . .	217	"	Mooltan Central . . . . .	402	S. G.			
			" District . . . . .	...	"			
			Dera Ghazi Khan . . . . .	395	"			
			Simla . . . . .	7,230	"			
			Dharmasala . . . . .	6,111	"			

\* These are not the exact heights of the jails themselves above sea-level, but usually those of the survey-marks or of the mercury-surface in barometer cisterns in the stations in which the jails are situated.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Quarter-Master-General's Department; M. D. = Meteorological Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

(a) Late North-Western Provinces and Oudh.



## PRISONERS, 1902.

## TABLE XL.

## RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.											
	Anda- mans.	Burma.	Assam.	Bengal.	United Prov- inces.	Punjab.	N.-W.F. Pro- vince.	Bombay.	Berar and Se- cunder- abad.	Central Provin- ces.	Madras.	India.*
I.—AVERAGE ANNUAL STRENGTH . . . . .	12,907	11,525	1,220	20,580	27,751	12,782	1,290	9,898	1,175	4,148	10,382	114,334
II.—CONSTANTLY SICK-RATE OF EACH MONTH—												
January . . . . .	39'5	22'3	26'5	34'2	35'4	37'3	34'8	37'2	13'4	31'0	25'7	33'2
February . . . . .	39'2	22'5	31'8	35'9	32'9	33'0	31'2	34'9	15'9	31'0	23'3	32'0
March . . . . .	40'4	23'5	37'3	39'9	32'0	29'8	28'0	30'8	14'8	32'0	22'2	32'0
April . . . . .	45'3	21'6	35'7	40'1	34'3	31'2	26'0	30'9	15'9	26'7	22'2	33'0
May . . . . .	62'3	22'4	40'7	37'2	33'3	34'0	30'5	29'5	15'5	28'2	22'3	34'6
June . . . . .	75'9	24'1	43'4	37'0	30'4	33'7	35'3	30'7	17'8	30'5	22'5	35'8
July . . . . .	70'2	27'0	40'5	39'0	30'2	32'4	32'5	30'8	17'0	29'7	21'3	35'4
August . . . . .	62'9	28'2	47'1	45'5	35'4	35'7	35'2	35'5	17'0	32'5	19'6	38'0
September . . . . .	59'3	28'1	50'0	47'3	37'7	38'0	30'2	35'3	25'2	35'8	21'3	39'3
October . . . . .	59'0	26'7	44'6	46'8	39'6	38'9	35'3	27'4	26'6	38'9	19'4	38'6
November . . . . .	59'5	24'9	34'6	45'5	40'6	36'1	32'3	23'9	23'9	38'6	20'3	37'8
December . . . . .	56'0	24'6	33'8	43'6	36'3	34'3	30'6	23'0	17'7	26'8	20'0	35'2
OF THE YEAR . . . . .	55'9	24'7	40'2	41'1	34'9	34'7	31'8	30'8	18'7	32'1	21'6	35'5
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	...	39'2	39'6	...	34'6	32'3	28'2	...	...	21'7	34'7
III.—ADMISSION-RATE OF THE YEAR—												
Influenza . . . . .	2'0	3'5	...	18'0	11'1	3'0	...	1'1	9	30'1	...	8'0
Cholera . . . . .	...	2	8	6	6	...	...	1	...	...	4	3
Small-pox . . . . .	...	1	...	1'0	2	6	1'6	5	...	...	6	4
Enteric Fever . . . . .	...	6	...	1'2	2	1'2	8	8	...	7	6	6
Intermittent Fever . . . . .	1,077'2	142'8	323'0	351'6	263'2	502'5	417'8	179'8	399'1	346'7	108'8	370'7
Remittent Fever . . . . .	11'5	4'2	9'0	2'5	9	2'0	8	17'2	9	5	1'1	4'3
Simple Continued Fever . . . . .	...	2'1	...	2'8	2'3	5	16'3	1'2	5'1	7'5	21'0	3'8
Tubercle of the lungs . . . . .	17'4	9'8	4'9	9'7	9'4	10'1	3'1	6'0	...	7'5	11'2	10'0
Pneumonia . . . . .	13'2	7'2	8'2	12'1	10'7	22'1	22'5	22'7	9'4	9'4	9'6	13'2
Other Respiratory Diseases . . . . .	72'8	12'8	14'8	34'4	23'5	43'4	35'7	26'9	18'7	29'7	21'6	32'5
Dysentery . . . . .	160'2	52'9	159'8	216'0	52'6	62'0	74'4	51'8	31'5	82'7	43'0	96'4
Diarrhœa . . . . .	64'8	30'1	61'5	77'2	39'5	71'1	44'2	41'5	28'1	68'2	5'0	49'8
Spleen Diseases . . . . .	1	...	...	2'2	2'2	1	...	1'4	2'6	1'7	2	1'2
Scurvy . . . . .	1'1	3'2	8	1'7	...	7	8	3'9	2'6	5	...	1'3
Anæmia and Debility . . . . .	5	6'1	20'5	10'8	18'0	24'1	14'7	8'8	24'7	21'0	3'1	12'2
Abscess, Ulcer, and Boil . . . . .	90'8	82'2	21'3	45'8	100'6	154'9	152'7	59'1	46'0	96'7	33'3	83'2
ALL CAUSES . . . . .	1,797'4	537'0	762'3	1,033'8	735'3	1,136'0	975'2	647'5	783'0	972'0	469'3	913'4
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	...	855'9	1,014'5	...	1,138'5	1,024'0	682'2	...	...	606'9	919'1
IV.—DEATH-RATE OF THE YEAR—												
Cholera . . . . .	...	...	82	53	32	...	...	...	...	...	29	21
Small-pox . . . . .	...	...	...	5	4	23	...	...	...	...	10	5
Enteric Fever . . . . .	...	35	...	19	4	16	78	10	...	24	10	13
Intermittent Fever . . . . .	93	17	4'10	1'00	1'44	31	78	1'01	85	96	77	1'10
Remittent Fever . . . . .	3'80	43	2'46	39	14	70	...	91	...	24	10	78
Simple Continued Fever . . . . .	...	...	...	...	...	78	...	...	...	...	...	01
Tubercle of the lungs . . . . .	9'61	3'82	2'46	3'50	3'35	4'46	2'33	3'44	...	3'86	3'85	4'25
Pneumonia . . . . .	4'34	1'65	3'28	3'06	2'20	5'71	7'75	5'76	4'26	3'14	2'02	3'38
Other Respiratory Diseases . . . . .	1'78	87	...	53	76	55	...	1'72	1'70	72	10	85
Dysentery . . . . .	13'87	2'95	7'38	6'12	4'94	2'74	5'43	1'62	...	5'06	1'83	5'13
Diarrhœa . . . . .	1'86	43	...	1'55	1'77	1'17	78	2'63	2'55	2'17	1'0	1'44
Hepatic Abscess . . . . .	08	...	...	19	07	08	...	...	...	24	...	08
Anæmia and Debility . . . . .	...	26	3'28	92	07	86	...	1'01	85	72	58	52
Phagedæna, Slough, and Gangrene . . . . .	15	09	...	05	04	...	...	...	...	...	...	04
ALL CAUSES . . . . .	42'07	15'88	31'97	25'61	20'47	25'04	29'46	28'89	17'87	24'83	18'49	24'85
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	...	29'88	25'46	...	24'77	30'03	28'18	...	...	17'85	24'61
V.—PERCENTAGE IN 100 ADMISSIONS—												
Influenza . . . . .	11	65	...	1'74	1'51	26	...	02	11	3'10	...	87
Cholera . . . . .	...	03	11	06	08	...	...	02	...	...	08	03
Small-pox . . . . .	...	02	...	09	02	06	16	08	...	...	12	05
Enteric Fever . . . . .	...	11	...	11	02	10	08	12	...	07	12	07
Intermittent Fever . . . . .	59'93	26'60	42'37	34'00	35'81	44'24	42'85	27'77	50'98	35'66	23'19	40'58
Remittent Fever . . . . .	64	76	1'18	2'4	12	18	08	2'65	11	05	23	47
Simple Continued Fever . . . . .	...	39	...	27	31	05	1'67	19	65	77	4'47	42
Tubercle of the lungs . . . . .	97	1'83	65	94	1'28	89	32	92	...	77	2'38	1'09
Pneumonia . . . . .	74	1'34	1'08	1'17	1'46	1'95	2'31	3'51	1'20	97	2'05	1'45
Other Respiratory Diseases . . . . .	4'05	2'38	1'94	3'32	3'20	3'82	3'66	4'15	2'39	3'06	4'60	3'56
Dysentery . . . . .	8'91	9'86	20'97	20'89	7'16	5'46	7'63	8'00	4'02	8'51	9'15	10'55
Diarrhœa . . . . .	3'60	5'61	8'06	7'46	5'37	6'26	4'53	6'41	3'59	7'02	1'07	5'46
Spleen Diseases . . . . .	00	...	...	22	29	01	...	22	33	17	04	13
Scurvy . . . . .	06	50	11	16	...	06	08	61	33	05	...	14
Anæmia and Debility . . . . .	03	1'13	2'69	1'04	2'45	2'12	1'51	1'36	3'15	2'16	66	1'34
Abscess, Ulcer, and Boil . . . . .	5'05	15'30	2'80	4'43	13'69	13'64	15'66	9'13	5'87	9'95	7'10	9'10
VI.—PERCENTAGE IN 100 DEATHS—												
Cholera . . . . .	...	...	2'6	2'1	1'6	...	...	...	...	...	1'6	3
Small-pox . . . . .	...	...	...	2	2	9	...	...	...	...	5	2
Enteric Fever . . . . .	...	2'2	...	8	2	6	2'6	3	...	1'0	5	5
Intermittent Fever . . . . .	2'2	1'1	12'8	7'4	7'0	1'3	2'6	3'5	4'8	4'0	4'2	4'4
Remittent Fever . . . . .	9'0	2'7	7'7	1'5	7	2'8	...	3'1	...	1'0	5	3'1
Simple Continued Fever . . . . .	...	...	...	...	...	...	2'6	...	...	...	...	0
Tubercle of the lungs . . . . .	22'8	24'0	7'7	13'7	16'4	17'8	7'9	11'9	...	15'5	20'8	17'1
Pneumonia . . . . .	10'3	10'4	10'3	12'0	10'7	22'8	26'3	19'9	23'8	12'6	10'9	13'6
Other Respiratory Diseases . . . . .	4'2	5'5	...	2'1	3'7	2'2	...	5'9	9'5	3'0	5	3'4
Dysentery . . . . .	33'0	18'6	23'1	23'9	24'1	10'9	18'4	5'6	...	20'4	9'9	20'6
Diarrhœa . . . . .	4'4	2'7	...	6'1	8'6	4'7	2'6	9'1	14'3	8'7	5	5'8
Hepatic Abscess . . . . .	2	...	...	8	4	3	...	...	...	1'0	...	3
Anæmia and Debility . . . . .	...	1'6	10'3	3'6	4	3'4	...	3'5	4'8	3'0	3'1	2'1
Phagedæna, Slough, and Gangrene . . . . .	4	5	...	2	2	...	...	...	...	...	...	2

\* Including Ajmer, Quetta, Mercara.

For complete detail of diseases, see Table LIII.



# PRISONERS, 1902.

## TABLE XLI.

### RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

					RATIO PER 1,000 OF THE AVERAGE STRENGTH.											
					I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
					Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Decan.	Western Coast.	Southern India.	Hills.
I.—AVERAGE ANNUAL STRENGTH					20,655	3,777	1,179	12,810	25,830	14,253	7,718	5,562	9,561	3,009	9,319	614
I.—CONSTANTLY SICK-RATE OF EACH MONTH—																
January	.	.	.	.	34'2	16'3	27'3	33'9	32'9	39'0	30'9	44'2	37'6	21'6	25'4	26'3
February	.	.	.	.	33'4	20'1	32'0	35'9	31'1	36'9	28'5	37'3	37'0	21'3	22'8	20'5
March	.	.	.	.	34'3	22'7	37'8	37'7	34'0	31'3	26'5	38'0	33'4	19'2	22'7	23'1
April	.	.	.	.	36'4	23'1	35'1	40'5	33'7	35'6	23'9	43'3	30'2	19'5	22'8	18'5
May	.	.	.	.	46'9	25'9	41'2	37'9	32'9	33'7	27'3	40'3	30'6	21'6	23'4	19'9
June	.	.	.	.	57'0	20'3	43'3	37'3	31'8	29'6	30'1	38'9	33'0	23'1	23'1	27'0
July	.	.	.	.	54'4	24'0	37'8	38'5	32'9	31'0	28'2	33'0	31'5	26'9	21'3	32'4
August	.	.	.	.	50'4	25'1	45'9	43'9	39'6	35'7	28'6	35'1	37'1	27'7	19'6	35'5
September	.	.	.	.	48'6	21'8	51'5	42'8	42'8	40'7	27'7	39'9	40'8	26'1	21'0	24'3
October	.	.	.	.	47'3	24'5	46'6	42'0	43'6	38'2	31'7	43'4	34'6	20'3	20'1	24'4
November	.	.	.	.	47'2	20'5	35'9	47'6	37'3	36'6	31'7	59'1	29'0	18'3	21'3	27'3
December	.	.	.	.	44'7	21'3	34'2	44'8	34'9	34'8	30'9	48'5	23'1	19'9	20'4	31'5
OF THE YEAR					44'6	22'5	40'7	40'4	35'6	35'3	28'9	41'5	33'4	22'3	21'9	26'1
III.—ADMISSION-RATE OF THE YEAR—																
Influenza	.	.	.	.	1'3	10'6	...	23'7	12'7	6'0	...	2	13'3	...	...	...
Cholera	.	.	.	.	1	...	8	5	8	...	...	...	...	3	4	...
Small-pox	.	.	.	.	...	3	...	1'2	3	3	1'4	2	...	3	...	...
Enteric Fever	.	.	.	.	2	5	...	5	8	1'1	4	...	4	3'3	1	3'3
Intermittent Fever	.	.	.	.	732'3	112'3	327'4	301'6	272'2	492'9	306'2	312'5	298'2	122'6	111'7	265'5
Remittent Fever	.	.	.	.	8'9	3'4	5'9	2'0	1'5	2'1	1'0	1'6	16'9	1'3	1'1	6'5
Simple Continued Fever	.	.	.	.	1'1	5	...	1'1	2'5	2'5	2'7	7	4'8	1'0	23'0	21'2
Tubercle of the lungs	.	.	.	.	13'7	14'6	5'1	11'5	8'4	10'9	6'7	7'0	4'6	13'6	10'9	1'6
Pneumonia	.	.	.	.	9'9	13'0	7'6	11'7	9'8	19'5	34'1	16'9	8'8	7'0	9'7	22'8
Other Respiratory Diseases	.	.	.	.	49'7	15'9	15'3	36'0	25'6	37'5	31'6	30'0	23'8	26'3	22'5	40'7
Dysentery	.	.	.	.	120'7	49'0	164'5	244'1	89'5	61'3	52'1	46'6	61'2	34'9	45'8	89'6
Diarrhoea	.	.	.	.	51'7	30'4	63'6	62'8	56'3	62'7	56'9	40'6	46'8	36'9	4'6	39'1
Spleen Diseases	.	.	.	.	0	...	8	3'5	1'8	6	1'8	1'1	1'0	...	2	...
Scurvy	.	.	.	.	2'5	...	...	2'3	2	5	3'4	4	1'3	2'3	...	6'5
Anæmia and Debility	.	.	.	.	2'0	9'0	21'2	11'9	13'5	19'5	22'8	24'3	15'9	5'3	3'2	9'8
Abscess, Ulcer, and Boil	.	.	.	.	92'9	53'2	21'2	43'8	86'5	137'4	93'5	102'8	87'5	28'9	35'4	96'1
ALL CAUSES					1,339'3	456'4	771'8	1,013'8	788'7	1,088'5	789'7	825'6	866'5	427'1	484'6	785'0
IV.—DEATH-RATE OF THE YEAR—																
Cholera	.	.	.	.	...	...	85	47	54	...	...	...	...	...	32	...
Small-pox	.	.	.	.	...	...	...	8	4	...	26	...	...	...	11	...
Enteric Fever	.	.	.	.	15	26	...	8	12	14	...	...	10	66	...	3'26
Intermittent Fever	.	.	.	.	63	26	4'24	2'03	1'63	84	91	90	73	...	86	...
Remittent Fever	.	.	.	.	2'57	26	1'70	47	12	63	13	51	94	33	...	1'63
Simple Continued Fever	.	.	.	.	...	...	...	...	...	...	13	...	...	...	...	...
Tubercle of the lungs	.	.	.	.	7'17	5'30	2'54	3'98	3'21	3'93	3'24	4'49	2'20	5'32	4'08	...
Pneumonia	.	.	.	.	3'00	3'44	2'54	3'28	1'97	5'12	8'55	3'78	2'93	5'06	2'25	6'51
Other Respiratory Diseases	.	.	.	.	1'50	53	...	70	54	56	1'04	1'80	84	1'99	1'1	...
Dysentery	.	.	.	.	9'92	2'12	7'63	7'57	4'72	3'44	3'24	3'42	2'61	2'66	1'72	4'89
Diarrhoea	.	.	.	.	1'26	79	...	1'17	1'97	1'54	1'04	90	2'09	4'99	...	...
Hepatic Abscess	.	.	.	.	05	...	...	31	08	07	...	...	10	...	...	...
Anæmia and Debility	.	.	.	.	15	...	3'39	70	43	21	1'17	1'08	73	66	54	1'63
Phagedæna, Slough, and Gangrene	.	.	.	.	15	...	...	...	08	...	...	...	...	...	...	...
ALL CAUSES					32'00	17'21	31'38	27'48	21'45	24'49	25'78	30'20	19'45	26'25	18'89	24'43
V.—PERCENTAGE IN 100 ADMISSIONS—																
Influenza	.	.	.	.	09	2'32	...	2'34	1'62	55	...	02	1'53	...	...	...
Cholera	.	.	.	.	01	...	11	05	10	...	...	...	...	08	09	...
Small-pox	.	.	.	.	...	06	...	12	04	03	18	02	...	08	11	...
Enteric Fever	.	.	.	.	02	12	...	05	10	10	05	...	05	78	02	41
Intermittent Fever	.	.	.	.	54'68	24'59	42'42	29'75	34'51	45'29	38'77	37'85	34'41	28'72	23'05	33'82
Remittent Fever	.	.	.	.	66	75	77	19	19	20	13	20	1'96	31	22	83
Simple Continued Fever	.	.	.	.	08	12	...	11	32	23	34	09	56	23	4'74	2'70
Tubercle of the lungs	.	.	.	.	1'02	3'19	66	1'13	1'06	1'01	85	85	53	3'19	2'26	21
Pneumonia	.	.	.	.	74	2'84	99	1'16	1'24	1'79	4'32	2'05	1'01	1'63	1'99	2'90
Other Respiratory Diseases	.	.	.	.	3'71	3'48	1'98	3'55	3'24	3'44	4'00	3'64	2'75	6'15	4'65	5'19
Dysentery	.	.	.	.	9'01	10'73	21'32	24'08	11'35	5'63	6'60	5'64	7'06	8'17	9'46	11'41
Diarrhoea	.	.	.	.	3'86	6'67	8'24	6'19	7'13	5'76	7'20	4'92	5'40	8'64	9'5	4'98
Spleen Diseases	.	.	.	.	00	...	...	35	23	06	23	13	12	...	04	...
Scurvy	.	.	.	.	18	...	11	23	02	05	43	04	14	54	...	83
Anæmia and Debility	.	.	.	.	15	1'97	2'75	1'18	1'71	1'79	2'89	2'94	1'83	1'25	66	1'24
Abscess, Ulcer, and Boil	.	.	.	.	6'93	11'66	2'75	4'32	10'97	12'63	11'85	12'46	10'10	6'77	7'31	12'24
VI.—PERCENTAGE IN 100 DEATHS—																
Cholera	.	.	.	.	...	...	2'7	1'7	2'5	...	...	...	...	...	1'7	...
Small-pox	.	.	.	.	...	...	...	3	2	3	1'0	...	...	...	6	...
Enteric Fever	.	.	.	.	5	1'5	...	3	5	6	...	...	5	2'5	...	13'3
Intermittent Fever	.	.	.	.	2'0	1'5	13'5	7'4	7'6	3'4	3'5	3'0	3'8	...	4'5	...
Remittent Fever	.	.	.	.	8'0	1'5	5'4	1'7	5	2'6	5	1'8	4'8	1'3	...	6'7
Simple Continued Fever	.	.	.	.	...	...	...	...	...	...	5	...	...	...	...	...
Tubercle of the lungs	.	.	.	.	22'4	30'8	8'1	14'5	15'0	16'0	12'6	14'9	11'3	20'3	21'6	...
Pneumonia	.	.	.	.	9'4	20'0	8'1	11'9	9'2	20'9	33'2	12'5	15'1	2'5	11'9	26'7
Other Respiratory Diseases	.	.	.	.	4'7	3'1	...	2'6	2'5	2'3	4'0	6'0	4'3	7'6	6	...
Dysentery	.	.	.	.	31'0	12'3	24'3	27'6	22'0	14'0	12'6	11'3	13'4	10'1	9'1	20'0
Diarrhoea	.	.	.	.	3'9	4'6	...	4'3	9'2	6'3	4'0	3'0	10'8	19'0	...	...
Hepatic Abscess	.	.	.	.	2	...	...	1'1	4	3	...	...	5	...	...	...
Anæmia and Debility	.	.	.	.	5	...	10'8	2'6	2'0	9	4'5	3'6	3'8	2'5	2'8	6'7
Phagedæna, Slough, and Gangrene	.	.	.	.	5	...	...	...	4	...	...	...	...	...	...	...

\* Including Aden. For complete detail of diseases, see Table LIII.



TABLE XLII.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII

JAILS.	Average annual strength.	1. ADMISSION-RATE.											2. DEATH-RATE, PER 1,000 OF STRENGTH.											Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.				
Port Blair	12,907	2'0	...	...	...	1,077'2 93	11'5 3'80	...	17'4 9'61	13'2 4'34	72'8 1'78	160'2 13'87	64'8 1'86	1'08	1'08	1'1	5	90'8	2 1'15	1,797'4 42'07	55'9			
Mergui	60	...	...	...	...	166'7	...	133'3	...	...	16'7	166'7	16'7	...	...	...	...	33'3	...	716'7 16'67	33'3			
Tavoy	70	...	...	...	...	128'6	...	...	...	...	14'3	...	28'6	...	...	...	...	57'1	...	385'7	14'3			
Moulmein	513	...	...	...	1'9	5'8	7'8	9'7	9'7 3'90	5'8 3'90	35'1 3'90	37'0 7'80	23'4	...	...	...	5'8	165'7	1'9 1'95	512'7 21'44	21'4			
Shwegyin	140	...	...	...	...	71'4	...	...	7'1	...	7'1	7'1	7'1	...	...	...	...	78'6	...	364'3	14'3			
Toungoo	343	...	...	...	...	29'2	...	2'9	...	8'7	2'9	5'8	32'1	...	...	...	...	64'1	...	250'7	8'7			
Rangoon Central, (Europeans).	22	...	...	...	...	181'8	...	45'5	45'5	...	...	45'5	...	...	...	...	...	90'9	...	863'6	4'5			
Rangoon Central, (natives).	2,111	...	...	...	...	158'7	1'9 95	3'3	10'9 7'11	10'4 95	14'7 47	38'8 1'89	53'1	...	...	17'5	9	132'6 47	...	730'5 19'42	44'5			
Maubin	373	...	...	...	...	88'5	...	...	5'4 5'36	2'7	26'8 10'72	26'8 5'36	42'9 2'68	...	...	...	5'4	40'2	...	437'0 32'17	16'1			
Myaungmyo	477	...	...	...	4'2 2'10	553'5	46'1 4'19	...	2'1 2'10	...	10'5	155'1 8'39	44'0	...	...	...	...	289'3	...	1,285'1 20'96	44'0			
Bassein Central	778	...	...	...	1'3 1'29	5'1	...	...	11'6	...	3'9	2'6	1'3 1'29	1'3	...	...	3'9	5'1	...	150'4 5'14	10'3			
Insein Central	1,831	...	...	...	...	93'9 55	...	...	4'4 55	1'6 55	3'8	60'1 2'18	5	...	...	...	1'1 1'09	50'2	...	384'5 7'65	15'3			
Henzada	402	...	...	...	...	79'6	...	...	14'9 4'98	...	2'5	...	12'4	...	...	...	10'0	94'5	...	253'7 7'46	12'4			
Myanaung	82	...	...	...	...	122'0	...	...	...	...	...	24'4	48'8	...	...	...	...	48'8	...	317'1	12'2			
Sandoway	68	...	...	...	...	161'8	...	...	...	...	14'7	117'6	...	...	...	...	58'8	44'1	...	529'4 29'41	29'4			
Kyaukpyu	117	...	...	...	...	196'6	...	...	8'5	...	17'1	34'2	17'1	...	...	...	8'5	17'1	...	435'9 25'64	17'1			
Akyab	361	...	5'5	...	2'8 2'77	808'9	13'9	...	2'8 2'77	5'5 2'77	13'9 2'77	277'0 16'62	119'1	...	...	...	41'6	121'9	...	1,723'0 47'09	36'0			
GROUP I.— BURMA COAST AND BAY ISLANDS	20,655	1'3	1	...	2 15	732'3 63	8'9 2'57	1'1	13'7 7'17	9'9 3'00	49'7 1'50	120'7 9'92	51'7 1'26	1 05	0 05	2'5	2'0 15	92'9 05	2 15	1,339'3 32'00	44'6			
Paungdi	155	...	...	...	...	64'5	6'5	...	6'5 6'45	12'9	6'5 6'45	25'8	6'5	...	...	...	6'5	25'8	...	309'7 19'35	12'9			
Prome	315	...	...	...	...	95'2	...	...	19'5 12'70	...	15'9 3'17	34'9 3'17	19'0	...	...	...	...	38'1	...	346'0 22'22	15'9			
Thayetmyo Central	663	...	...	...	...	37'7	...	...	10'6 1'51	9'0	9'0	15'1	34'7	...	...	...	33'2	173'5	...	550'5 4'52	27'1			
Taungdwingyi	70	...	...	...	...	...	...	...	...	...	...	14'3	...	...	...	...	...	42'9	...	71'4	14'3			
Magwe	69	...	...	...	...	29'0	14'5 14'49	14'5	...	...	...	14'5	...	...	...	...	...	14'5	...	115'9 14'49	5'5*			
Minbu	115	...	...	...	...	156'5	...	...	...	26'1 8'70	26'1	156'5 8'70	139'1	...	...	...	...	8'7	...	617'4 26'09	26'1			
Yamethin	97	...	...	...	...	...	...	...	...	...	...	...	10'3	...	...	...	...	10'3	...	123'7 10'31	20'6			
Meiktila	135	...	...	...	...	140'7	...	...	...	7'4	14'8	74'1 7'41	...	...	...	...	7'4	81'5	...	555'6 7'41	22'2			
Pagan	74	...	...	...	...	54'1	...	...	...	...	...	...	13'5 13'51	...	...	...	...	13'5	...	135'1 13'51	13'5			
Pakòkku	79	...	...	...	...	...	...	...	12'7	...	...	...	...	...	...	...	...	12'7	...	38'0	2'7*			
Myingyan Central	837	47'8	...	...	1'2	92'0	9'6	...	33'5 5'97	31'1 8'36	7'2	77'7	9'6	...	...	...	10'8	19'1	...	433'7 16'73	22'7*			
Mandalay Central	758	...	...	1'3	...	262'5	...	...	18'5 11'87	5'3 5'28	36'9	60'7 2'64	68'6 2'64	...	...	...	...	22'4	...	645'1 29'02	31'7			
Monywa	81	...	...	...	12'3 12'35	24'7	...	12'3	12'3	...	49'4	...	24'7	...	...	...	...	148'1	...	395'1 12'35	24'7			
Shwebo	142	...	...	...	...	91'5	21'1	...	...	49'3 7'04	21'1	28'2 7'04	...	...	...	...	...	7'0	...	429'6 21'13	14'1			
Bhamo	69	...	...	...	...	231'9	...	...	...	...	29'0	144'9	29'0	...	...	...	...	58'0	14'5	608'7	29'0			
Katha	75	...	...	...	...	14'49	...	...	...	...	...	14'49	...	...	...	...	13'3	...	...	43'48	13'3			
Kindat	43	...	...	...	...	120'0	...	...	...	...	...	...	23'3	...	...	...	...	23'3	...	139'5 46'51	11'0*			
GROUP II.— BURMA IN- LAND.	3,777	10'6	...	3	5 26	112'3 26	3'4 26	5	14'6 5'30	13'0 3'44	15'9 53	49'0 2'12	30'4 79	...	...	...	9'0	53'2	3	456'41 17'21	22'5			

\* Worked on the aggregates.



# PRISONERS, 1902.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.												Average number constantly sick per 1,000 on strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.				
Cachar .	62 {	...	16'1 16'13	...	...	145'2 ...	...	...	16'1 16'13	...	...	145'2 ...	16'1 ...	...	...	...	...	48'4 ...	...	435'5 32'26	32' {			
Sibsagar .	60 {	...	...	...	...	183'3 ...	...	...	...	...	66'7 ...	183'3 ...	66'7 ...	...	...	...	...	33'3 ...	...	683'3 ...	33' {			
Dibrugarh .	105 {	...	...	...	...	181'0 9'52	...	...	...	19'0 ...	9'5 ...	85'7 ...	57'1 ...	...	...	...	38'1 ...	19'0 ...	...	609'5 19'05	28' {			
Tezpur .	251 {	...	...	...	...	219'1 3'98	...	...	4'0 ...	15'9 11'95	19'9 ...	179'3 7'97	47'8 ...	...	...	...	4'0 3'98	19'9 ...	...	597'6 27'89	43' {			
Nowgong .	45 {	...	...	...	...	800'0 ...	...	...	...	...	22'2 ...	88'9 ...	133'3 ...	...	...	22'2 ...	22'2 ...	66'7 ...	...	1,777'8 ...	88' {			
Gauhati .	194 {	...	...	...	...	87'6 10'31	...	...	10'3 5'15	...	5'2 ...	149'5 10'31	72'2 ...	...	...	...	41'2 ...	15'5 ...	...	587'6 61'86	41' {			
Dhubri .	23 {	...	...	...	...	304'3 ...	...	...	...	...	...	130'4 ...	...	...	...	...	...	43'5 ...	...	608'7 ...	43' {			
Sylhet .	439 {	...	...	...	...	528'5 2'28	15'9 4'56	...	4'6 2'28	6'8 ...	13'7 ...	191'3 11'39	72'9 ...	...	...	...	25'1 6'83	13'7 ...	...	956'7 31'39	38' {			
GROUP III.— ASSAM.	1,179 {	...	8 85	...	...	327'4 4'24	5'9 1'70	...	5'1 2'54	7'6 2'54	15'3 ...	164'5 7'63	63'6 ...	...	...	8 ...	21'2 3'39	21'2 ...	...	771'8 31'38	40' {			
Mymensingh.	595 {	...	...	1'7 ...	...	383'2 3'36	...	...	26'9 ...	10'1 3'36	26'9 ...	388'2 ...	48'7 ...	...	...	26'9 ...	25'2 ...	84'0 ...	...	1,420'2 8'40	63' {			
Dacca Central	1,046 {	...	...	1'0 ...	...	200'8 '96	...	1'0 ...	11'5 3'82	8'6 3'82	151'1 ...	229'4 1'91	93'7 '96	...	...	...	10'5 ...	46'8 ...	...	993'3 14'34	38' {			
Tippera .	346 {	...	...	...	...	127'2 ...	...	23'1 ...	14'5 5'78	8'7 2'89	26'0 ...	199'4 ...	37'6 ...	...	5'8 ...	...	14'5 ...	37'6 ...	...	705'2 14'45	23' {			
Chittagong .	183 {	...	...	...	...	174'9 ...	...	...	5'5 ...	16'4 ...	27'3 ...	519'1 5'46	103'8 5'46	5'5 5'46	...	10'9 ...	21'9 ...	49'2 ...	...	2,251'4 21'86	71' {			
Noakhali .	141 {	...	...	...	...	418'4 7'09	...	...	...	14'2 ...	7'1 ...	645'4 7'09	63'8 ...	...	...	...	7'1 ...	7'1 ...	...	1,262'4 14'18	49' {			
Backergunge	604 {	62'9 ...	1'7 1'66	...	...	279'8 1'66	...	...	8'3 3'31	14'9 8'28	87'7 1'66	425'5 33'11	92'7 ...	...	...	5'0 ...	16'6 4'97	8'3 ...	...	1,319'5 81'13	84' {			
Khulna .	42 {	...	23'8 23'81	...	...	1,119'0 ...	23'8 ...	...	...	...	47'6 ...	71'4 ...	...	...	...	...	...	...	...	1,833'3 47'62	23' {			
Jessore .	391 {	...	...	...	...	352'9 ...	2'6 ...	2'6 ...	2'6 ...	7'7 2'56	20'5 2'56	879'8 2'56	46'0 ...	...	...	...	5'1 ...	43'5 ...	...	1,613'8 10'23	51' {			
Baraset .	80 {	...	...	...	...	1,400'0 ...	...	...	12'5 12'50	12'5 ...	62'5 ...	337'5 ...	387'5 ...	...	...	...	25'0 ...	37'5 ...	...	2,750'0 12'50	75' {			
Presidency Central, (Europeans).	41 {	73'2 ...	...	...	...	48'8 ...	...	...	24'4 ...	...	...	73'2 ...	97'6 ...	...	...	...	24'4 ...	73'2 ...	...	585'5 ...	24' {			
Presidency Central, (natives).	1,228 {	22'8 ...	...	...	...	70'0 1'63	8 81	...	12'2 8'14	33'4 4'89	9'0 ...	52'1 ...	12'2 ...	...	...	8 ...	3'3 ...	9'8 ...	...	344'5 18'73	19' {			
Alipore Central	1,989 {	105'1 5'53	1'0 1'01	...	...	101'1 '50	...	...	14'6 6'03	1'5 ...	18'1 ...	89'0 ...	13'1 '50	...	...	...	1'0 ...	35'2 ...	...	599'3 17'60	27' {			
Hooghly .	383 {	...	2'6 2'61	...	...	224'5 5'22	...	...	23'5 5'22	15'7 2'61	57'4 ...	357'7 10'44	428'2 7'83	...	2'6 ...	2'6 ...	41'8 ...	114'9 ...	...	1,814'6 39'16	60' {			
Burdwan .	223 {	...	...	...	...	511'2 ...	...	...	4'5 4'48	22'4 8'97	31'4 ...	300'4 4'48	130'0 ...	...	80'7 ...	...	...	53'8 ...	...	1,408'1 26'91	44' {			
Krishnagar .	194 {	...	...	...	...	299'0 10'31	5'2 5'15	...	10'3 ...	10'3 ...	5'2 ...	299'0 41'24	10'3 ...	...	...	...	15'5 5'15	15'5 ...	...	695'9 61'86	20' {			
Faridpur .	361 {	66'5 2'77	...	...	...	193'9 2'77	...	...	13'9 2'77	11'1 ...	24'9 ...	268'7 5'54	58'2 ...	2'8 2'77	...	...	22'2 ...	69'3 ...	...	897'5 16'62	53' {			
Pubna .	231 {	...	...	...	...	264'1 ...	4'3 4'33	...	8'7 4'33	21'6 4'33	17'3 ...	285'7 ...	51'9 8'66	...	...	...	13'0 ...	26'0 ...	...	839'8 21'65	30' {			
Murshidabad	238 {	...	...	...	16'8 4'20	453'8 12'61	42'0 ...	4'2 ...	...	8'4 ...	37'8 4'20	323'5 8'40	63'0 ...	...	...	...	16'8 ...	63'0 ...	...	1,310'9 42'02	58' {			
Rajshahi Central	817 {	...	...	...	1'2 ...	707'5 2'45	3'7 2'45	...	11'0 4'90	6'1 1'22	19'6 ...	220'3 8'57	25'7 2'45	...	29'4 ...	...	19'6 1'22	80'8 ...	...	1,634'0 30'60	50' {			
Bogra .	168 {	...	...	...	...	428'6 11'90	...	...	...	...	35'7 5'95	160'7 5'95	53'6 5'95	...	...	...	41'7 ...	41'7 ...	...	1,017'9 35'71	1' {			
Malda .	99 {	...	...	...	...	959'6 ...	...	...	...	10'1 10'10	30'3 10'10	141'4 ...	60'6 ...	...	...	...	10'1 ...	10'1 ...	...	1,303'0 20'20	20' {			
Dinajpur .	283 {	...	...	...	3'5 ...	300'4 3'53	...	...	7'1 ...	17'7 3'53	31'8 3'53	204'9 ...	74'2 ...	...	...	24'7 ...	21'2 ...	21'2 ...	...	936'4 10'60	2' {			
Rangpur .	252 {	...	4'0 ...	...	...	238'1 ...	4'0 ...	...	7'9 3'97	7'9 7'94	27'8 ...	547'6 23'81	35'7 ...	...	...	...	11'9 ...	51'6 ...	...	1,238'1 43'65	6' {			



JAILS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Alpaiguri .	91 {	...	...	...	...	197'8	11'0	33'0	11'0	...	87'9	44'0	87'9	...	...	...	44'0	33'0	...	769'2	33'0	
		...	...	...	...	...	...	...	10'99	...	...	10'99	...	...	...	...	...	...	...	43'96		
urneah .	217 {	...	...	...	...	318'0	...	...	4'6	...	46'1	110'6	32'3	...	...	...	27'6	13'8	...	760'4	27'6	
		...	...	...	...	4'61	...	...	...	...	...	4'61	...	...	...	...	...	...	...	13'82		
aya Dumka	125 {	...	...	...	...	144'0	...	...	...	8'0	...	80'0	...	...	...	...	...	40'0	...	352'0	8'0	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
uri .	240 {	...	...	...	...	325'0	4'2	...	8'3	8'3	20'8	175'0	41'7	...	...	...	4'2	50'0	...	858'3	20'8	
		...	...	...	...	4'17	4'17	...	...	...	4'17	8'33	...	...	...	...	...	...	...	20'83		
ankura .	265 {	...	...	7'5	...	169'8	...	...	22'6	18'9	49'1	188'7	67'9	...	...	...	11'3	...	...	626'4	37'7	
		...	...	...	...	3'77	...	...	3'77	7'55	...	18'87	...	...	...	...	...	...	...	33'96		
idnapore Central	1,216 {	...	8'82	9'0	...	420'2	8	...	12'3	10'7	15'6	315'8	65'8	1'6	...	...	6'6	43'6	...	1,241'8	51'8	
		...	...	8'82	...	...	...	...	4'93	7'40	8'2	23'85	1'64	1'64	...	...	3'29	8'2	...	55'92		
alasore .	155 {	...	...	...	...	122'6	6'5	...	...	6'5	12'9	71'0	38'7	...	...	...	...	83'9	...	503'2	12'9	
		...	...	...	...	6'45	...	...	...	6'45	...	...	...	...	...	...	...	...	...	25'81		
uttack .	357 {	...	...	...	...	341'7	5'6	...	11'2	28'0	16'2	92'4	95'2	...	...	...	25'2	67'2	...	820'7	25'2	
		...	...	...	...	...	...	...	5'60	2'80	2'80	8'40	5'60	...	...	...	...	...	...	30'81		
uri .	111 {	...	...	...	...	387'4	...	...	...	...	9'0	225'2	54'1	...	...	...	...	27'0	...	783'8	18'0	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
ngul .	98 {	...	...	...	...	428'6	...	...	...	10'2	...	244'9	81'6	...	...	...	10'2	122'4	...	1,020'4	40'8	
		...	...	...	...	10'20	...	...	...	10'20	...	...	...	...	...	...	...	...	...	20'41		
GROUP IV.— BENGAL AND ORISSA.	12,810 {	23'7	5'47	1'2	5'08	301'6	2'0	1'1	11'5	11'7	36'0	244'1	62'8	3	3'5	2'3	11'9	43'8	...	1,013'8	40'4	
		94	...	08	...	2'03	47	...	3'98	3'28	70	7'57	1'17	31	...	...	70	08	...	27'48		
A. haibassa .	193 {	...	...	5'2	...	585'5	20'7	...	...	10'4	31'1	544'0	202'1	...	...	...	5'2	62'2	...	1,880'8	57'0	
		...	...	...	...	15'54	...	...	...	...	...	...	...	...	...	...	...	...	...	20'73		
urulia .	282 {	42'6	...	...	...	248'2	10'6	7'1	10'6	39'0	81'6	17'7	24'8	...	...	...	10'6	3'5	...	546'1	14'2	
		...	...	...	...	...	...	...	10'64	10'64	3'55	...	...	...	...	...	3'55	...	...	42'55		
anchi .	163 {	...	...	...	...	135'0	...	18'4	...	12'3	12'3	122'7	122'7	...	...	...	...	85'9	...	681'0	18'4	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6'13		
alamau .	94 {	...	...	...	...	383'0	...	...	10'6	...	...	510'6	212'8	...	...	...	...	...	...	1,276'6	31'9	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
azaribagh Central	1,175 {	46'8	...	...	13'6	233'2	...	...	15'3	16'2	10'2	152'3	45'1	...	9	...	9	85'1	9	835'7	31'5	
		...	...	...	85	85	...	...	2'55	1'70	...	6'81	8'85	...	...	...	...	...	8'85	20'43		
B. aya .	510 {	...	...	...	...	256'9	...	...	7'8	35'3	31'4	147'1	45'1	...	...	...	7'8	37'3	...	664'7	31'4	
		...	...	...	...	...	...	...	3'92	3'92	...	5'88	9'80	...	...	...	...	...	...	35'29		
hagalpur Central	1,825 {	...	5'55	...	5'55	111'8	...	...	8'2	5'5	63'6	97'5	45'5	...	...	...	5'55	19'2	...	649'9	48'2	
		...	...	...	...	55	...	...	3'29	1'10	55	2'19	2'19	...	...	...	...	...	...	18'63		
onghyr .	302 {	...	3'3	...	...	145'7	...	...	...	3'3	6'6	115'9	72'8	...	...	...	6'6	39'7	...	513'2	16'6	
		...	3'31	...	...	...	...	...	...	...	...	...	3'31	...	...	...	...	...	...	9'93		
arbhanga .	282 {	...	3'5	...	...	177'3	...	...	7'1	24'8	14'2	333'3	266'0	...	...	...	21'3	60'3	...	1,138'3	42'6	
		...	3'55	...	...	...	...	...	...	14'18	...	10'64	3'55	...	...	...	...	...	...	39'01		
Champarun .	301 {	...	...	3'3	...	139'5	...	...	...	3'3	10'0	139'5	106'3	...	...	...	3'3	46'5	...	627'9	16'6	
		...	...	...	...	6'64	...	...	...	...	...	3'32	...	...	...	...	...	...	...	13'29		
uzaffarpur .	356 {	...	...	2'8	...	247'2	42'1	...	5'6	28'1	47'8	126'4	168'5	...	...	...	11'2	33'7	...	856'7	33'7	
		...	...	...	...	2'81	2'81	...	5'62	8'43	...	2'81	2'81	...	...	...	5'62	...	...	39'33		
Patna .	369 {	...	...	2'7	...	157'2	5'4	84'0	2'7	8'1	35'2	111'1	165'3	...	...	...	13'6	65'0	...	978'3	37'9	
		...	...	...	...	2'71	...	...	2'71	2'71	...	8'13	...	...	...	...	2'71	...	...	29'81		
Arrah .	219 {	...	...	...	...	100'5	...	4'6	...	18'3	13'7	123'3	36'5	...	...	...	9'1	22'8	...	447'5	18'3	
		...	...	...	...	...	...	...	...	9'13	...	...	...	...	...	...	...	...	...	22'83		
Chapra .	304 {	...	...	3'3	...	312'5	...	...	6'6	3'3	13'2	269'7	52'6	...	...	...	16'4	39'5	...	1,049'3	39'5	
		...	...	...	...	6'58	...	...	3'29	...	...	9'87	...	...	...	...	...	...	...	32'89		
Buxar Central	1,301 {	...	1'5	...	...	1,607'8	1'5	...	2'3	6'9	16'1	241'4	194'5	...	...	3'8	26'1	79'2	...	2,449'7	76'9	
		...	1'54	...	...	1'54	77	...	2'31	1'54	...	2'31	3'07	...	...	...	3'84	...	...	17'68		
Korantadih .	71 {	...	...	...	28'2	70'4	42'3	70'4	...	28'2	...	56'3	28'2	...	...	...	...	28'2	...	549'3	14'1	
		...	...	...	...	14'08	...	...	...	...	...	...	...	...	...	...	...	...	...	28'17		
Ghazipur .	542 {	...	7'4	...	...	134'7	...	...	...	1'8	24'0	20'3	9'2	...	...	...	...	70'1	...	317'3	24'0	
		...	5'54	...	...	3'69	...	...	...	1'35	5'54	3'69	1'85	...	...	...	...	...	...	23'99		
Azamgarh .	322 {	177'0	...	3'1	...	167'7	...	...	6'2	9'3	77'6	62'1	21'7	...	...	...	15'5	87'0	...	798'1	1'1	
		...	...	...	...	3'11	...	...	3'11	...	3'11	6'21	...	...	...	...	...	...	...	31'06		
Kasia .	29 {	...	...	...	...	172'4	...	...	...	...	...	206'9	...	...	...	...	...	34'5	...	551'7	34'5	
		...	...	...	...	...	...	...	...	...	...	34'48	...	...	...	...	...	...	...	34'48		
Gorakhpur .	482 {	...	...	...	...	211'6	...	...	...	4'1	45'6	72'6	37'3	...	2'1	...	37'3	72'6	...	773'9	33'2	
		...	...	...	...	4'15	...	...	...	...	...	12'45	...	2'07	...	...	...	...	...	20'75		
Basti .	381 {	...	...	...	...	139'1	...	...	5'2	13'1	21'0	47'2	10'5	...	...	...	2'6	94'5	...	464'6	15'7	
		...	...	...	...	...	...	...	...	7'87	...	7'87	...	...	...	...	2'62	...	...	23'62		
Fyzabad .	517 {	40'6	...	...	...	274'7	...	...	7'7	21'3	71'6	52'2	46'4	...	...	...	73'5	168'3	...	1,181'8	44'5	
		...	...	...	...	...	...	...	1'93	1'93	...	1'93	...	...	...	...	...	...	...	13'54		
Sultanpur .	319 {	...	...	...	...	257'1	...	...	...	3'1	9'4	6'3	34'5	...	...	...	25'1	84'6	...	601'9	25'1	
		...	...	...	...	3'13	...	...	...	...	...	...	...	...	...	...	...	...	...	9'40		
Rai Bareilly .	585 {	...	...	...	...	141'9	...	1'7	10'3	1'7	15'4	8'5	29'1	...	...	...	...	119'7	3'4	600'0	39'3	
		...	...	...	...	...	...	...	3'42	...	...	...	1'71	...	...	...	...	...	...	11'97		



# PRISONERS, 1902.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Partabgarh .	218 {	...	...	...	...	165'1 4'59	...	...	18'3 4'59	...	32'1	13'8 ...	22'9 4'59	...	...	...	41'3	91'7	...	578'0 18'35	18'3	
Jaunpur .	309 {	9'7	...	...	...	213'6 3'24	...	...	...	6'5	3'2	42'1 6'47	61'5	...	...	...	...	71'2	...	592'2 19'42	25'9	
Benares Central }	1,851 {	...	6'5 3'24	...	...	213'4 3'78	...	...	6'5 3'78	9'2 2'16	11'3 1'08	107'0 9'18	75'1 8'64	...	...	...	4'9	64'8	...	586'2 36'74	25'9	
Dis- trict. }	450 {	...	...	...	...	111'1 2'22	...	...	6'7 2'22	4'4	4'4	80'0 11'11	48'9 6'67	...	...	...	...	140'0	...	508'9 22'22	24'4	
Mirzapur .	224 {	...	...	...	4'5 4'46	339'3 4'46	...	...	4'5	4'5 4'46	31'3 4'46	31'3	26'8	...	...	...	...	142'9	...	1,044'6 22'32	40'2	
Allahabad Central }	1,871 {	...	...	...	5	182'3 2'14	...	...	20'3 5'88	7'5 5'53	31'5 1'07	62'5 10'16	56'1 1'07	...	...	...	4'8	120'3 5'53	5 5'53	637'6 25'12	37'9	
Dis- trict. }	474 {	...	...	...	...	162'4	...	...	2'1 2'11	27'4 6'33	14'8	31'6 6'33	10'5 2'11	...	...	...	52'7	244'7	...	774'3 42'19	42'2	
Karwi .	31 {	...	...	...	...	451'6	...	...	...	...	...	64'5	32'3	...	...	...	32'3	...	...	806'5 64'52	32'3	
Banda .	223 {	...	...	...	...	784'3	...	...	9'0 4'48	...	58'3	116'6 4'48	98'7	...	4'5	...	17'9	273'5	...	1,811'7 35'87	44'8	
Fatehpur .	330 {	6'1	...	...	...	539'4	...	...	...	18'2	36'4 3'03	81'8	30'3	...	12'1	...	18'2	139'4	...	1,151'5 9'09	42'4	
Hamirpur .	103 {	19'4	...	...	...	514'6 9'71	...	29'1	...	...	29'1	19'4	58'3	...	...	...	9'7	281'6	...	1,485'4 9'71	38'8	
Orai .	137 {	...	...	...	...	598'5	...	...	7'3	14'6	73'0	36'5	58'4	...	21'9	...	7'3	87'6	...	1,255'5	51'1	
Cawnpore .	370 {	359'5	...	5'4 2'70	...	156'8 2'70	...	...	8'1 2'70	8'1	45'9	32'4 5'41	51'4	...	21'6	...	21'6	145'9 2'70	...	1,245'9 21'62	73'0	
Unao .	321 {	3'1	...	...	...	183'8 3'12	...	37'4	3'1 3'12	3'1	...	21'8 3'12	6'2	...	12'5	...	15'6	62'3	...	486'0 9'35	15'6	
Lucknow Central }	1,617 {	10'5	...	...	...	68'0 1'24	6 6'62	...	8'7 6'80	1'2	4'9 6'62	28'4 3'09	16'1 2'47	...	...	...	...	50'1	...	316'0 22'26	21'0	
Dis- trict. }	546 {	...	...	...	...	31'1	...	...	5'5 1'83	1'8 1'83	...	7'3	11'0	...	...	...	1'8	53'1	...	197'8 5'49	11'0	
Barabanki .	437 {	...	...	...	...	135'0	...	...	2'3 2'29	...	18'3	9'2	43'5 2'29	...	...	...	27'5	109'8	...	679'6 9'15	27'5	
Gonda .	571 {	...	...	...	...	122'6 1'75	3'5	...	...	...	7'0	57'8 7'01	21'0 5'25	1'8 1'75	12'3 1'75	...	19'3	70'1	...	521'9 22'77	42'0	
Bahraich .	291 {	...	...	3'4	...	189'0	...	...	...	20'6 3'44	6'9	48'1 3'44	30'9	...	...	...	10'3	206'2	...	697'6 10'31	34'4	
Kheri .	328 {	...	...	...	...	204'3	...	...	9'1 6'10	21'3	18'3	9'1 3'05	54'9	...	...	...	6'1	289'6	...	942'1 9'15	36'6	
Sitapur .	634 {	...	...	...	...	137'2 1'58	3'2	...	3'2	4'7 3'15	6'3	20'5 4'73	30'0	...	...	...	...	123'0	...	479'5 17'35	22'1	
Hardoi .	370 {	37'8	...	...	...	181'1	...	...	8'1 2'70	8'1 2'70	18'9	24'3 5'41	13'5	...	...	...	2'7	29'7	...	432'4 13'51	13'5	
Etawah .	258 {	...	...	...	...	158'9	...	...	19'4 7'75	31'0 3'88	31'0 3'88	31'0 3'88	7'8	...	...	...	11'6	38'8	...	500'0 23'26	27'1	
Mainpuri .	369 {	24'4 2'71	...	...	...	501'4	13'6	19'0	5'4 5'42	2'7	35'2	122'0 10'84	73'2	2'7 2'71	46'1	...	2'7	89'4	...	1,132'8 24'39	67'8	
Etah .	297 {	...	...	...	...	528'6	...	...	16'8 3'37	16'8 10'10	26'9	23'6	57'2	...	...	...	306'4	111'1	...	1,363'6 20'20	64'0	
Fatehgarh Central }	1,858 {	...	...	...	...	229'3	...	...	23'1 7'00	10'2 1'61	34'4	86'7 2'15	25'3 54	...	...	...	2'7	87'7	...	727'1 14'53	39'8	
Dis- trict }	418 {	7'2	...	...	...	217'7	...	...	9'6 2'39	31'1 7'18	23'9	186'6 7'18	40'7	...	...	...	2'4	71'8	...	794'3 16'75	26'3	
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	25,830 {	12'7 '04	8 54	3 04	8 12	272'2 1'63	1'5 1'12	2'5	8'4 3'21	9'8 1'97	25'6 54	89'5 4'72	56'3 1'97	1'08	1'8 08	2	13'5 43	86'5 08	2 08	788'7 21'45	35'6	
A.																						
Shahjahanpur	348 {	...	...	...	...	554'6	...	...	...	11'5 5'75	25'9 2'87	48'9 2'87	86'2	...	...	...	...	48'9	...	965'5 14'37	23'0	
Pilibhit .	7 {	...	...	...	...	142'9	...	...	...	...	...	...	...	...	...	...	...	...	...	285'7	2'4	
Bareilly Central }	2,032 {	...	...	...	...	174'7 2'46	...	...	18'7 4'92	6'4 1'48	15'7 49	13'8 3'44	21'7 1'97	...	1'5	...	35'9	64'5	...	508'9 24'11	33'0	

\* Worked on the aggregates.



JAILS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.		
Bareilly District	764	17'0	...	...	...	397'9 2'62	...	...	9'2 2'62	3'9 1'31	31'4	77'2 7'85	62'8 1'31	...	...	...	...	38'0	...	750'0 18'32	20'9	
Budaon.	357	...	...	...	...	176'5	...	...	14'0 2'80	8'4 2'80	11'2	25'2	8'4	...	5'6	...	...	109'2	...	504'2 5'60	16'8	
Aligarh	419	...	...	...	...	291'2	...	...	9'5 2'39	23'9 11'93	11'9	11'9	19'1	...	...	...	4'8	66'8	...	601'4 19'09	28'6	
Bulandshahr.	247	...	...	...	...	263'2	...	8'1	4'0	40'5	40'5 4'05	97'2 4'05	16'2	...	...	...	24'3	97'2	...	753'0 8'10	40'5	
Moradabad	376	...	...	...	2'7	271'3	2'7	...	2'7	10'6 7'98	21'3 2'66	69'1 2'66	5'3	...	...	...	...	21'3	...	587'8 15'96	34'6	
Bijnor	297	10'1	...	...	...	400'7	...	...	3'4 3'37	10'1 3'37	13'5	23'6	13'5	...	10'1	...	10'1	107'7	...	831'6 10'10	30'3	
Dehra Dun	77	...	...	...	...	259'7	...	...	...	13'0	...	39'0	129'9 12'99	...	...	...	51'9	51'9	...	779'2 25'97	64'9	
Saharanpur	307	...	...	...	...	719'9 3'26	22'8 3'26	...	3'3 3'26	101'0 6'51	22'8	208'5 22'80	149'8 13'03	...	...	...	52'1	136'8	...	1,846'9 55'37	71'7	
Muzaffarnagar	194	...	...	...	...	644'3 5'15	...	123'7	10'3 5'15	20'6	36'1	72'2 10'31	67'0	...	...	...	20'6	123'7	...	1,433'0 20'62	51'5	
Meerut	595	52'1 3'36	...	...	...	655'5 1'68	...	5'0	13'4 1'68	20'2 5'04	6'7	45'4 3'36	45'4	...	...	...	3'4	60'5	...	1,109'2 16'81	31'9	
Delhi	514	...	...	...	...	519'5 1'95	...	...	23'3 9'73	35'0 5'84	7'8	52'5	70'0 3'89	...	...	...	33'1	138'1	...	1,003'9 42'80	31'1	
Rohtak	192	...	...	...	41'7 5'21	932'3	5'2	...	5'2	31'2 10'42	20'8	26'0	5'2	...	...	...	10'4	250'0	...	1,619'8 26'04	41'7	
Hissar	238	...	...	...	...	768'9	46'2 8'40	...	4'2	25'2 4'20	42'0	71'4	33'6	...	...	...	29'4 8'40	88'2	...	1,458'0 54'62	33'6	
Karnal	111	...	...	...	...	477'5	...	...	18'0 9'00	72'1 18'02	18'0	27'0	90'1	...	...	...	9'0	171'2	...	1,117'1 27'03	27'0	
Umballa	695	...	...	...	...	530'9	4'3 2'88	...	8'6 7'19	7'2	18'7	53'2 4'32	97'8 2'88	...	...	1'4	4'3	89'2	...	928'1 23'02	27'3	
B.																						
Ludhiana	267	...	...	...	...	419'5	11'2 7'49	...	...	30'0 11'24	37'5	59'9	18'7 7'49	...	...	...	3'7	108'6	...	824'0 41'20	22'5	
Moshiarpur	49	...	...	...	...	340'9	...	...	...	...	102'0	20'4	183'7	...	...	...	20'4	306'1	...	1,346'9	20'4	
Mullandur	253	...	...	...	...	181'8	4'0 3'95	11'9	...	27'7 15'81	7'9	11'9	27'7 3'95	...	...	4'0	...	27'7	...	434'8 27'67	11'9	
Ferozepore	350	...	...	...	5'7	348'6	...	...	2'9	42'9 20'00	57'1	2'9	102'9	...	...	...	74'3	111'4	...	994'3 25'71	42'9	
Amritsar	178	...	...	...	...	876'4	5'6	...	...	16'9 11'24	22'5	123'6 5'62	39'3	...	...	5'6	89'9	151'7	...	1,511'2 28'09	44'9	
Lahore Central.	1,439	...	...	7	2'1 69	1,203'6	...	...	18'1 12'51	10'4 4'17	140'4 69	164'7 4'86	179'3	7 69	7	...	1'4	362'8	...	2,511'5 32'66	68'1	
„ District	512	...	...	...	...	380'9	...	...	11'7 5'86	17'6 1'95	25'4	78'1 9'77	89'8 5'86	...	...	...	...	212'9	...	996'1 29'30	35'2	
„ Female	179	...	...	...	...	279'3	...	...	16'8 11'17	16'8 11'17	11'2	44'7 11'17	39'1	...	...	...	...	61'5	...	620'1 33'52	16'8	
Gurdaspur	199	...	...	...	5'0	45'2	...	...	5'0 5'03	15'1	15'1	50'3 5'03	40'2	...	...	...	5'0	5'0	...	296'5 10'05	10'1	
Gujranwala	340	...	...	2'9	...	267'6	...	...	...	2'9	11'8	8'8	23'5	...	...	...	20'6	88'2	...	602'9	11'8	
Sialkot	366	...	...	2'7 2'73	...	185'7	...	8'2	...	30'1 5'46	43'7 5'46	38'3	10'9	...	...	...	5'5	90'2	...	573'8 13'66	16'4	
Gujrat	106	...	...	...	...	122'6	...	...	...	18'9	...	47'2	...	...	...	...	18'9	...	...	292'5	9'4	
Mung Rasul Central	1,268	30'0	...	...	...	194'0	...	...	15'0	26'0 6'31	64'7 79	19'7	30'0 1'58	...	...	...	48'9 79	297'3	...	1,146'7 30'76	36'3	
Jhelum	227	...	...	4'4	...	810'6	8'8 4'41	...	...	44'1 17'62	30'8	145'4	149'8	...	...	...	4'4	96'9	...	1,383'3 22'03	26'4	
Rawalpindi	750	...	...	...	...	1,138'7 1'33	...	1'3	13'3 4'00	22'7 6'67	22'7	112'0 4'00	85'3	...	...	5'3	22'7	136'0	...	1,938'7 22'67	46'7	
GROUP VI.— UPPER SUB-HIMALAYA.	14,253	6'0 14	...	3 07	1'1 14	492'9 84	2'1 63	2'5	10'9 3'93	19'5 5'12	37'5 56	61'3 3'44	62'7 1'54	1 07	6	5	19'5 21	137'4	...	1,088'5 24'49	35'3	



# PRISONERS, 1902.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
<b>A</b>																						
Peshawar .	511 {	...	...	...	...	277'9	...	...	3'9	23'5	31'3	74'4	29'4	...	...	...	17'6	140'9	...	671'2	29'1	
		...	...	...	...	...	...	...	3'91	5'87	...	5'87	...	...	...	...	...	1'96	...	23'48		
Kohat .	109 {	...	...	...	...	816'5	...	...	...	55'0	9'2	73'4	36'7	...	...	...	18'3	192'7	...	1,431'2	27'1	
		...	...	...	...	...	...	...	...	27'52	...	9'17	...	...	...	...	...	...	...	36'70		
Bannu .	163 {	...	...	...	...	202'5	...	122'7	...	24'5	...	73'6	79'8	...	...	...	12'3	67'5	...	877'3	18'1	
		...	...	...	...	6'13	...	...	...	6'13	...	...	...	...	...	...	...	...	...	42'94		
Shahpur .	209 {	...	...	...	...	330'1	...	...	4'8	33'5	47'8	19'1	33'5	...	...	...	9'6	119'6	...	832'5	19'1	
		...	...	...	...	...	...	...	...	4'78	...	...	...	...	...	...	...	...	...	4'78		
Jhang .	266 {	...	...	...	3'8	680'5	...	...	18'8	45'1	45'1	135'3	255'6	...	...	...	15'0	94'0	...	1,522'6	45'1	
		...	...	...	...	...	...	...	3'76	15'04	...	7'52	7'52	...	...	...	...	...	...	33'83		
Montgomery Central	1,860 {	...	...	5	...	265'1	...	...	8'1	12'4	16'7	36'0	26'9	...	...	...	16'1	88'2	...	587'6	25'1	
		...	...	...	...	1'08	...	...	5'38	4'30	1'61	2'69	...	...	...	...	1'61	...	...	21'51		
Mooltan Central	1,237 {	...	...	...	...	295'1	8	...	6'5	25'9	29'1	30'7	38'8	...	...	8	71'1	120'5	...	813'3	35'1	
		...	...	...	...	...	81	...	3'23	4'04	...	4'04	81	...	...	...	3'23	...	...	21'02		
„ District	707 {	...	...	2'8	...	360'7	4'2	...	15'6	32'5	18'4	72'1	93'4	...	...	...	14'1	70'7	...	896'7	33'1	
		...	...	2'83	...	...	...	...	5'66	1'41	...	1'41	...	...	...	...	1'41	...	...	19'80		
Dera Ismail Khan	430 {	...	...	4'7	...	602'3	2'3	2'3	4'7	14'0	60'5	88'4	58'1	...	...	...	11'6	188'4	...	1,316'3	41'1	
		...	...	...	...	...	...	2'33	2'33	4'65	...	6'98	2'33	...	...	...	...	...	...	25'58		
Dera Ghazi Khan	196 {	...	...	5'1	...	571'4	...	...	5'1	30'6	163'3	20'4	56'1	...	...	5'1	30'6	71'4	...	1,326'5	25'1	
		...	...	...	...	...	...	...	...	10'20	...	...	...	...	...	...	...	...	...	10'20		
<b>C</b>																						
Shikarpur .	503 {	...	...	8'0	...	206'8	...	...	8'0	83'5	17'9	43'7	31'8	...	6'0	6'0	8'0	49'7	...	538'8	25'1	
		...	...	...	...	...	...	...	1'99	13'92	...	1'99	3'98	...	...	...	1'99	...	...	25'85		
Sind Gang .	353 {	...	...	...	...	274'8	5'7	...	...	158'6	51'0	22'7	45'3	...	...	2'8	2'8	36'8	...	773'4	17'1	
		...	...	...	...	...	...	...	...	39'66	2'83	2'83	...	...	...	...	...	...	...	56'66		
Hyderabad Central	860 {	...	...	...	...	117'4	...	...	3'5	33'7	34'9	64'0	95'3	...	9'3	22'1	12'8	67'4	...	637'2	24'1	
		...	...	...	...	2'33	...	...	2'33	15'12	3'49	2'33	2'33	...	...	1'16	...	...	...	36'05		
Kurrachee .	314 {	...	...	3'2	6'4	200'6	3'2	...	...	15'9	31'8	66'9	57'3	...	9'6	3'2	6'4	44'6	...	710'2	23'1	
		...	...	...	...	6'37	...	...	...	6'37	3'18	3'18	...	...	...	...	...	...	...	28'66		
GROUP VII.— N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	7,718 {	...	...	1'4	4	306'2	1'0	2'7	6'7	34'1	31'6	52'1	56'9	...	1'8	3'4	22'8	93'5	...	789'7	28'1	
		...	...	26	...	91	13	13	3'24	8'55	1'04	3'24	1'04	...	...	13	1'17	13	...	25'78		
<b>A</b>																						
Rajkot .	146 {	...	...	...	...	239'7	...	...	6'8	13'7	89'0	27'4	54'8	...	...	...	6'8	75'3	...	664'4	20'1	
		...	...	...	...	...	...	...	6'85	6'85	...	6'85	...	...	...	...	...	...	...	27'40		
Ahmedabad Central	1,399 {	...	...	...	...	90'1	3'6	...	7'1	31'5	21'4	77'2	26'4	...	...	7	12'9	5'7	...	471'8	29'1	
		...	...	...	...	2'86	71	...	7'86	5'72	2'14	7'71	...	...	71	71	3'57	7'71	...	60'04		
<b>B</b>																						
Ajmer .	541 {	1'8	...	...	...	127'5	...	...	...	9'2	12'9	7'4	16'6	...	...	1'8	11'1	62'8	...	491'7	22'1	
		...	...	...	...	...	...	...	...	5'55	3'70	1'85	...	...	...	...	...	...	...	29'57		
Muttra .	279 {	...	...	...	...	229'4	10'8	...	21'5	35'8	21'5	43'0	...	...	10'8	...	21'5	147'0	...	749'1	25'1	
		...	...	...	...	...	7'17	...	3'58	7'17	3'58	...	...	...	3'58	...	...	...	...	32'26		
Agra Central	2,258 {	...	...	...	...	462'4	...	...	4'9	8'4	34'5	41'2	44'7	...	...	...	32'3	125'3	...	1,031'0	5'1	
		...	...	...	...	...	...	...	3'54	2'66	1'77	5'76	1'33	...	...	...	44	...	...	18'60		
„ District	599 {	...	...	1'7	...	500'8	...	...	18'4	16'7	43'4	38'4	93'5	...	...	...	33'4	168'6	...	1,175'3	4'1	
		...	...	...	...	...	...	...	6'68	1'67	...	3'34	3'34	...	...	...	...	...	...	15'03		
Jhansi .	267 {	...	...	...	...	254'7	...	15'0	...	15'0	15'0	30'0	44'9	...	11'2	...	22'5	284'6	...	887'6	3'1	
		...	...	...	...	3'75	...	...	...	...	...	...	...	...	...	...	...	...	...	7'49		
Lalitpur .	73 {	...	...	...	...	438'4	13'7	...	...	...	41'1	95'9	41'1	...	...	...	68'5	246'6	...	1,246'6	5'1	
		...	...	...	...	...	...	...	...	...	...	13'70	...	...	...	...	...	...	...	27'40		
GROUP VIII.— S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	5,562 {	2	...	2	...	312'5	1'6	7	7'0	16'9	30'0	46'6	40'6	...	1'1	4	24'3	102'8	...	825'6	4'1	
		...	...	...	...	90	51	...	4'49	3'78	1'80	3'42	90	...	36	18	1'08	18	...	30'20		



JAILS.	Average annual strength.	1. ADMISSION-RATE.							2. DEATH-RATE PER 1,000 OF STRENGTH.												Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	
A.																					
Damoh . .	51 {	...	...	...	...	137'3	...	...	...	...	...	274'5	...	...	...	...	...	117'6	...	803'9	39'2
Saugor . .	145 {	...	...	...	...	606'9	...	...	20'7	13'8	62'1	179'3	255'2	6'9	...	...	117'2	89'7	...	1,110'3	110'3
Jubbulpore Central.	978 {	50'1	...	...	...	457'1	...	...	12'3	15'3	30'7	94'1	101'2	...	3'1	1'0	37'8	76'7	...	1,118'6	30'7
Narsinghpur .	75 {	...	...	...	...	173'3	...	...	13'3	...	13'3	13'3	26'7	...	13'3	...	...	40'0	...	360'0	26'7
Mandla . .	64 {	...	...	...	...	468'8	...	...	...	15'6	93'8	78'1	93'8	...	...	...	...	46'9	...	1,296'9	31'3
Bilaspur . .	179 {	...	...	...	...	145'3	11'2	...	5'6	5'6	11'2	89'4	22'3	...	...	...	27'9	33'5	...	553'1	27'9
Sambalpur . .	172 {	...	...	...	...	174'4	...	5'8	11'6	11'6	52'3	46'5	40'7	...	...	...	17'4	40'7	...	540'7	17'4
Raipur Central	755 {	35'8	...	...	2'6	418'5	...	...	...	13'2	35'8	153'6	41'1	...	...	...	6'6	100'7	...	1,241'1	42'4
Balaghat . .	67 {	...	...	...	...	447'8	...	...	...	29'9	...	104'5	119'4	...	...	...	89'6	164'2	...	1,134'3	44'8
Seoni . .	43 {	...	...	...	...	395'3	...	...	...	23'3	46'5	139'5	23'3	...	...	...	46'5	46'5	...	953'5	23'3
Chhindwara .	70 {	...	...	...	...	14'3	...	...	...	14'3	57'1	...	...	14'3	...	...	...	14'3	...	228'6	4'1*
Hoshangabad	144 {	...	...	...	...	576'4	...	...	...	13'9	13'9	111'1	111'1	...	13'9	...	27'8	229'2	...	1,388'9	41'7
Nimar . .	120 {	...	...	...	...	108'3	...	...	...	...	8'3	58'3	16'7	...	8'3	...	16'7	183'3	...	716'7	33'3
Betul . .	82 {	...	...	...	...	390'2	...	...	...	...	48'8	24'4	97'6	...	...	...	12'2	182'9	...	1,231'7	24'4
Nagpur Central	949 {	51'6	...	...	1'1	241'3	...	31'6	11'6	...	19'0	8'4	47'4	...	...	...	2'1	106'4	...	686'0	17'9
Bhandara . .	89 {	...	...	...	...	213'5	...	...	...	11'2	33'7	123'5	78'7	...	...	11'2	22'5	101'1	...	707'9	33'7
Wardha . .	62 {	...	...	...	...	354'8	...	...	...	16'1	...	80'6	145'2	...	...	...	...	96'8	...	935'5	16'1
Chanda . .	100 {	...	...	...	...	350'0	...	...	10'0	...	50'0	30'0	10'0	...	...	...	10'0	120'0	...	880'0	40'0
Sironcha . .	3 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	333'3	3'3*
B.																					
Secunderabad	101 {	...	...	...	...	198'0	...	9'9	...	9'9	69'3	29'7	49'5	...	9'9	...	19'8	79'2	9'9	970'3	19'8
Yeotmahl . .	39 {	...	...	...	...	128'2	...	...	...	...	...	...	...	...	...	...	25'6	25'6	...	692'3	25'6
Amraoti Central	383 {	2'6	...	...	...	517'0	...	13'1	...	2'6	7'8	13'1	33'9	...	5'2	7'8	26'1	36'6	...	861'6	20'9
Ellichpur . .	42 {	...	...	...	...	261'9	...	...	...	...	23'8	23'8	...	...	...	...	23'8	214'3	...	809'5	23'3
Akola Central	502 {	...	...	...	...	438'2	2'0	...	...	17'9	8'0	53'8	27'9	...	...	...	19'9	39'8	...	755'0	15'9
Basim . .	45 {	...	...	...	...	111'1	...	...	...	...	66'7	22'2	...	...	...	...	22'2	22'2	...	555'6	22'2
Buldana . .	63 {	...	...	...	...	158'7	...	...	...	...	63'5	...	15'9	...	...	...	63'5	15'9	...	423'6	15'9
Dhulia . .	685 {	...	...	...	...	90'5	...	...	...	1'02	8'8	51'1	7'3	...	...	...	19'0	59'9	...	519'7	32'1
Yerrowda Central.	1,701 {	6	...	...	...	275'7	...	1'2	2'9	4'7	23'5	51'7	37'0	...	...	2'9	7'1	103'5	...	900'6	46'4
Bijapur . .	408 {	...	...	...	2'5	208'3	7'4	...	7'4	7'4	2'5	71'1	14'7	...	...	...	9'8	9'8	...	500'0	19'6
Deccan Gang	905 {	...	...	...	...	291'7	151'4	7'7	1'1	6'6	19'9	22'1	43'1	...	...	2'2	7'7	174'6	...	1,128'2	47'5
Dharwar . .	539 {	...	...	...	...	118'7	35'3	...	7'4	18'6	33'4	61'2	33'4	...	...	...	...	5'6	...	408'2	22'3
GROUP IX.— DECCAN.	9,561 {	13'3	...	...	4	298'2	16'9	4'8	4'6	8'8	23'8	61'2	46'8	2	1'0	1'3	15'9	87'5	1	866'5	33'4

\* Worked on the aggregates.



# PRISONERS, 1902.

## TABLE XLII—continued.

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XL

JAILS.	Average annual strength.	1. ADMISSION-RATE.							2. DEATH-RATE PER 1,000 OF STRENGTH.													Average number
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Thana .	736 {	...	1'4	...	2'7 1'36	197'0	...	4'1	17'7 14'95	4'1 1'36	72'0 1'36	35'3 2'72	40'8 5'43	...	...	5'4 2'72	10'9	62'5	...	616'8 33'97	}	
Bombay Common.	515 {	...	...	...	...	50'5	...	...	...	15'5 1'94	17'5 1'94	23'3 3'88	17'5 9'71	...	...	...	5'8 1'94	17'5	...	277'7 31'07	}	
Bombay House of Correction.	365 {	...	...	...	...	315'1	2'7	...	30'1 8'22	5'5	13'7 2'74	30'1	63'0 13'70	...	...	...	2'7	27'4	...	649'3 41'10	}	
Ratnagiri .	172 {	...	...	...	...	5'8	...	...	5'8	...	23'3 17'44	104'7 5'81	5'8	...	...	5'8	11'6	11'6	...	290'7 29'07	}	
Karwar .	250 {	...	...	...	12'0	92'0	8'0	...	8'0	...	8'0	92'0	160'0	...	...	8'0	...	24'0	...	464'0 8'00	}	
Mangalore .	117 {	...	...	...	17'1	34'2	...	...	...	17'1	25'6	...	...	...	...	...	...	25'6	...	282'1 8'55	}	
Cannanore Central	854 {	...	...	1'2	3'5 1'17	64'4	1'2 1'17	...	16'4 2'34	7'0	3'5	17'6 3'51	9'4 1.17	...	...	...	2'3 1'17	12'9	...	295'1 17'56	}	
GROUP X.—WESTERN COAST.	3,009 {	...	3	3	3'3 66	122'6	1'3 33	1'0	13'6 5'32	7'0 66	26'3 1'99	34'9 2'66	36'9 4'99	...	...	2'3 66	5'3 66	28'9	...	427'1 26'25	}	
A.																						
Bellary .	497 {	...	...	...	...	128'8	...	10'1	20'1 8'05	14'1 2'01	40'2	16'1	...	...	...	...	2'0 2'01	38'2	...	499'0 18'11	}	
Salem Central	590 {	...	...	...	...	64'4 1'69	...	...	8'5 5'08	16'9 5'08	5'1	8'5	...	...	...	...	...	10'2	...	186'4 18'64	}	
Coimbatore Central	1,230 {	...	...	8 81	...	42'3	7'3	27'6	6'5 3'25	8'9 2'44	29'3	35'8	16'3	...	...	...	4'1	26'0	...	473'2 11'38	}	
B.																						
Palamcottah .	358 {	...	8'4 8'38	...	...	30'7	2'8	2'8	14'0 2'79	2'8	41'9	69'8	2'8	...	...	...	5'6	19'6	...	424'6 22'35	}	
Madura .	414 {	...	2'4	...	...	91'8 2'42	...	9'7	4'8	7'2 4'83	9'7	89'4 4'83	...	...	...	...	...	43'5	...	466'2 16'91	}	
Trichinopoly Central	968 {	...	...	...	...	214'9	...	...	11'4 3'10	5'2 1'03	8'3	57'9 4'13	...	...	...	...	3'1 2'07	55'8	...	774'8 29'96	}	
Tanjore .	362 {	...	...	...	...	13'8 2'76	...	2'8	...	2'8	2'8	55'2 5'52	...	...	...	...	...	49'7	...	314'9 38'67	}	
Cuddalore .	405 {	...	...	...	...	46'9	...	...	32'1 9'88	12'3 2'47	22'2	71'6	...	...	...	...	2'5	22'2	...	419'8 32'10	}	
Vellore Central	1,365 {	...	...	...	...	7'3	...	88'6	5'9 5'13	11'0 1'47	23'4	27'1 73	...	...	1'5	...	7	60'8	...	443'2 11'72	}	
Madras Civil	28 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	}	
Madras Penitentiary, Central.	986 {	...	...	4'1	...	105'5	...	1'0	13'2 5'07	3'0	15'2	16'2 1'01	...	...	...	...	4'1	34'5 1'01	...	390'5 14'20	}	
Nellore .	236 {	...	...	...	...	67'8	...	194'9	8'5	8'5 4'24	97'5 4'24	29'7	...	...	...	...	4'2	59'3	...	576'3 12'71	}	
C.																						
Rajamundry Central.	1,191 {	...	...	...	...	335'0 4'20	...	8	19'3 5'88	11'8 3'36	19'3	107'5 5'04	5'9	...	...	...	10'1 1'68	23'5 84	...	715'4 27'71	}	
Vizagapatam .	520 {	...	...	...	...	34'6	...	...	1'9	25'0 3'85	17'3	11'5	7'7	...	...	...	...	1'9	...	144'2 7'69	}	
Berhampur .	169 {	...	...	...	5'9	349'1	...	...	5'9	...	71'0	53'3	65'1	...	...	...	...	41'4	...	852'1 5'92	}	
GROUP XI.—SOUTHERN INDIA.	9,319 {	...	4 32	5 11	1	111'7 86	1'1	23'0	10'9 4'08	9'7 2'25	22'5 1'11	45'8 1'72	4'6	...	2	...	3'2 54	35'4 21	...	484'6 18'89	}	

RAILS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH-RATE PER 1,000 OF STRENGTH.													Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
ng .	41 {	...	...	...	...	195'1	97'6	...	...	24'4	...	24'4	...	...	...	...	...	24'4	...	487'8	} 24'4	
		...	...	...	...	...	24'39	...	...	24'39	...	...	...	...	...	...	...	...	...	45'78		
eeeling .	94 {	...	...	...	10'6	340'4	...	74'5	10'6	...	42'6	297'9	127'7	...	...	...	...	21'3	...	1,053'2	} 21'3	
		...	...	...	10'64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10'64		
ra .	90 {	...	...	...	...	155'6	...	22'2	...	22'2	11'1	33'3	...	...	...	...	...	55'6	...	344'4	} 22'2	
		...	...	...	...	...	...	...	...	11'11	...	11'11	...	...	...	...	...	...	...	22'22		
. .	11 {	...	...	...	...	1,090'9	...	...	...	...	181'8	818'2	272'7	...	...	...	...	...	...	2,454'5	} 90'9	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
. .	20 {	...	...	...	...	...	...	...	...	...	50'0	...	...	...	...	...	...	50'0	...	350'0	} 12'8*	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	50'00		
msala .	54 {	...	...	...	...	37'0	...	...	...	...	...	37'0	92'6	...	...	...	...	129'6	...	425'9	} 18'5	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
ttabad .	77 {	...	...	...	13'0	207'8	...	...	...	13'0	39'0	...	...	...	...	13'0	13'0	155'8	...	649'4	} 26'0	
		...	...	...	12'99	...	...	...	...	12'99	...	...	...	...	...	...	...	...	...	51'95		
ta .	65 {	...	...	...	...	676'9	...	...	...	107'7	92'3	107'7	...	...	...	46'2	30'8	430'8	...	2,061'5	} 46'2	
		...	...	...	...	...	...	...	...	15'38	...	15'38	...	...	...	...	...	...	...	30'77		
ara .	70 {	...	...	...	...	71'4	...	...	...	14'3	...	14'3	42'9	...	...	...	42'9	14'3	...	285'7	} 28'6	
		...	...	...	...	...	...	...	...	...	...	14'29	...	...	...	...	14'29	...	...	42'86		
ellkonda .	92 {	...	...	...	...	326'1	...	43'5	...	21'7	87'0	43'5	10'9	...	...	...	...	21'7	...	771'7	} 21'7	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
UP XII. LLS.	614 {	...	...	...	3'3	265'5	6'5	21'2	1'6	22'8	40'7	89'6	39'1	...	...	6'5	9'8	96'1	...	785'0	} 26'1	
		...	...	...	3'26	...	1'63	...	...	6'51	...	4'89	...	...	...	...	1'63	...	...	24'43		
RA INDIA- Aden .	47 {	...	...	...	...	...	...	...	21'3	...	...	...	...	...	...	...	...	21'3	...	85'1	} 2'7*	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
IA .	114,334 {	8'0	3	4	6	370'7	4'3	3'8	10'0	13'2	32'5	96'4	40'8	1	1'2	1'3	12'2	83'2	1	913'4	} 35'5	
		14	21	05	13	1'10	78	01	4'25	3'38	85	5'13	1'44	08	04	05	52	07	04	24'85		
AMANS .	12,907 {	2'0	...	...	...	1,077'2	11'5	...	17'4	13'2	72'8	160'2	64'8	1	1	1'1	5	90'8	2	1,797'4	} 55'9	
		...	...	...	...	93	3'80	...	9'61	4'34	1'78	13'87	1'86	08	08	...	...	...	15	42'07		
MA .	11,525 {	3'5	2	1	6	142'8	4'2	2'1	9'8	7'2	12'8	52'9	30'1	1	...	3'2	6'1	82'2	2	537'0	} 24'7	
		...	...	...	35	17	43	...	3'82	1'65	87	2'95	43	...	...	...	26	09	09	15'88		
AM .	1,220 {	...	8	...	...	323'0	9'0	...	4'9	8'2	14'8	159'8	61'5	...	...	8	20'5	21'3	...	762'3	} 40'2	
		...	82	...	...	4'10	2'46	...	2'46	3'28	...	7'38	...	...	...	...	3'28	...	...	31'97		
GAL .	20,580 {	18'0	6	1'0	1'2	351'6	2'5	2'8	9'7	12'1	34'4	216'0	77'2	2	2'2	1'7	10'8	45'8	0	1,033'8	} 41'1	
		58	53	05	19	1'90	39	...	3'50	3'06	53	6'12	1'55	19	...	...	92	05	05	25'61		
TED OVIN- S.	27,751 {	11'1	6	2	2	263'2	9	2'3	9'4	10'7	23'5	52'6	39'5	1	2'2	...	18'0	100'6	1	735'3	} 34'9	
		11	32	04	04	1'44	14	...	3'35	2'20	76	4'94	1'77	07	11	...	07	07	04	20'47		
JAB .	12,782 {	3'0	...	6	1'2	502'5	2'0	5	10'1	22'1	43'4	62'0	71'1	1	1	7	24'1	154'9	...	1,136'0	} 34'7	
		...	...	23	16	31	70	...	4'46	5'71	55	2'74	1'17	08	...	...	86	...	...	25'04		
V. ONTIER OVINCE.	1,290 {	...	...	1'6	8	417'8	8	16'3	3'1	22'5	35'7	74'4	44'2	...	...	8	14'7	152'7	...	975'2	} 31'8	
		...	...	...	78	78	...	78	2'33	7'75	...	5'43	78	...	...	...	...	78	...	29'46		
BAY .	9,898 {	1	1	5	8	179'8	17'2	1'2	6'0	22'7	26'9	51'8	41'5	...	1'4	3'9	8'8	59'1	...	647'5	} 30'8	
		...	...	...	10	1'01	91	...	3'44	5'76	1'72	1'62	2'63	...	10	40	1'01	1'10	...	28'89		
AR AND SE- UNDERABAD	1,175 {	9	...	...	...	399'1	9	5'1	...	9'4	18'7	31'5	28'1	...	2'6	2'6	24'7	46'0	9	783'0	} 18'7	
		...	...	...	...	85	...	...	...	4'26	1'70	...	2'55	...	...	1'70	85	...	...	17'87		
NTRAL OVINCES.	4,148 {	30'1	...	...	7	346'7	5	7'5	7'5	9'4	29'7	82'7	68'2	5	1'7	5	21'0	96'7	...	972'0	} 32'1	
		24	...	...	24	96	24	...	3'86	3'14	72	5'06	2'17	24	...	...	72	...	...	24'83		
DRAS .	10,382 {	...	4	6	6	108'8	1'1	21'0	11'2	9'6	21'6	43'0	5'0	...	2	...	3'1	33'3	...	469'3	} 21'6	
		...	29	10	10	77	0	...	3'85	2'02	10	1'83	1'10	...	...	...	58	19	...	18'49		

\* Worked on the aggregates.



# PRISONERS, 1902.

## TABLE XLIII.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.
Port Blair .	12,907 {	26	...	...	...	13,904	148	...	224	171	940	2,068	836	1	1	14	6	1,172	3	23,199	3	...	3	...	...
Mergui .	60 {	...	...	...	...	10	...	8	...	...	1	10	1	...	...	...	...	2	...	43	...	...	...	...	...
Tavoy .	70 {	...	...	...	...	9	...	...	...	...	1	...	2	...	...	...	...	4	...	27	...	...	...	...	...
Moulmein .	513 {	...	...	1	...	3	4	5	5	3	18	19	12	...	...	...	3	85	1	263	...	...	...	...	1
Shwegyin .	140 {	...	...	...	...	10	...	...	1	...	1	1	1	...	...	...	...	11	...	51	...	...	...	...	...
Toungoo .	343 {	...	...	...	...	10	...	1	...	3	1	2	11	...	...	...	...	22	...	86	...	...	...	...	...
Rangoon Central, (Europeans)	22 {	...	...	...	...	4	...	1	1	...	...	1	...	...	...	...	...	2	...	19	...	...	...	...	...
Rangoon Central, (natives)	2,111 {	...	...	...	...	335	4	7	23	22	31	82	112	...	...	37	2	280	...	1,542	...	1	1	...	...
Maubin .	373 {	...	...	...	...	33	...	...	2	1	10	10	16	...	...	...	2	15	...	163	...	...	...	...	...
Myaungmyo .	477 {	...	...	2	...	264	22	...	1	...	5	74	21	...	...	...	...	138	...	613	...	...	...	...	...
Bassein Central	778 {	...	...	1	...	4	...	...	9	...	3	2	1	1	...	...	3	4	...	117	...	...	...	...	...
Insein Central .	1,831 {	...	...	...	...	172	...	...	8	3	7	110	1	...	...	...	2	92	...	704	...	...	...	...	...
Henzada .	402 {	...	...	...	...	32	...	...	6	...	1	...	5	...	...	...	4	38	...	102	...	...	...	...	...
Myanaung .	82 {	...	...	...	...	10	...	...	...	...	...	2	4	...	...	...	...	4	...	26	...	...	...	...	...
Sandoway .	68 {	...	...	...	...	11	...	...	...	...	1	8	...	...	...	...	4	3	...	36	...	...	...	...	...
Kyaukpyu .	117 {	...	...	...	...	23	...	...	1	...	2	4	2	...	...	...	1	2	...	51	...	...	...	...	...
Akyab .	361 {	...	2	...	1	292	5	...	1	2	5	100	43	...	...	...	15	44	...	622	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	20,655 {	26	2	...	5	15,126	183	22	282	205	1,027	2,493	1,068	2	1	51	42	1,918	4	27,664	3	1	4	...	1
Paungdi .	155 {	...	...	...	...	10	1	...	1	2	1	4	1	...	...	...	1	4	...	48	...	...	...	...	...
Prome .	315 {	...	...	...	...	30	...	...	3	...	5	11	6	...	...	...	...	12	...	109	...	...	...	...	...
Thayetmyo Central.	663 {	...	...	...	...	25	...	...	7	6	6	10	23	...	...	...	22	115	...	365	...	...	...	...	...
Taungdwingyi	70 {	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	...	5	...	...	...	...	...
Magwe .	69 {	...	...	...	...	2	1	1	...	...	...	1	...	...	...	...	...	1	...	8	...	...	...	...	...
Minbu .	115 {	...	...	...	...	18	...	...	...	3	3	18	16	...	...	...	...	1	...	71	...	...	...	...	...
Yamethin .	97 {	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	12	...	...	...	...	...
Meiktila .	135 {	...	...	...	...	19	...	...	...	1	2	10	...	...	...	...	1	11	...	75	...	...	...	...	...
Pagan .	74 {	...	...	...	...	4	...	...	...	...	...	...	1	...	...	...	...	1	...	10	...	...	...	...	...
Pakôkku .	79 {	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...
Myingyan Central.	837 {	40	...	1	...	77	8	...	28	26	6	65	8	...	...	...	9	16	...	363	...	...	...	...	...
Mandalay Central.	758 {	...	...	1	...	199	...	...	14	4	28	46	52	...	...	...	...	17	...	489	...	...	...	...	4
Monywa .	81 {	...	...	1	...	2	...	1	1	...	4	...	2	...	...	...	...	12	...	32	...	...	...	...	...
Shwebo .	142 {	...	...	...	...	13	3	...	...	7	3	4	...	...	...	...	...	1	...	61	...	...	...	...	...
Bhamo .	69 {	...	...	...	...	16	...	...	...	...	2	10	2	...	...	...	...	4	1	42	...	...	...	...	...
Katha .	75 {	...	...	...	...	9	...	...	...	...	...	4	3	...	...	...	...	1	...	25	...	...	...	...	...
Kindat .	43 {	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	6	...	...	...	...	...
GROUP II.—BURMA INLAND	3,777 {	40	...	1	2	424	13	2	55	49	60	185	115	...	...	...	34	201	1	1,724	...	...	...	...	4

JAILS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.	Other Entozoa.	
Cachar .	62 {	...	1	...	...	9	...	...	1	...	...	9	1	...	...	...	...	3	...	27	...	...	...	...	...	2
Sibsagar .	60 {	...	1	...	...	11	...	...	...	...	4	11	4	...	...	...	...	2	...	41	...	...	...	...	...	2
Dibrugarh .	105 {	...	...	...	...	19	...	...	...	2	1	9	6	...	...	...	4	2	...	64	...	...	...	1	...	3
Tezpur .	251 {	...	...	...	...	55	...	...	1	4	5	45	12	...	...	...	1	5	...	150	...	...	...	...	...	11
Nowgong .	45 {	...	...	...	...	36	...	...	...	...	1	4	6	...	...	1	1	3	...	80	...	1	...	1	...	4
Gauhati .	194 {	...	...	...	...	17	...	...	2	...	1	29	14	...	...	...	8	3	...	114	...	...	...	2	...	8
Dhubri .	23 {	...	...	...	...	7	...	...	...	...	...	3	...	...	...	...	...	1	...	14	...	...	...	...	...	1
Sylhet .	439 {	...	...	...	...	232	7	...	2	3	6	84	32	...	...	...	11	6	...	420	...	...	...	...	...	17
GROUP III.—ASSAM.	1,179 {	...	1	...	...	386	7	...	6	9	18	194	75	...	...	1	25	25	...	910	...	1	...	4	...	48
		...	1	...	...	5	2	...	3	3	...	9	...	...	...	...	4	...	...	37	...	...	...	1	...	
Mymensingh .	595 {	...	...	1	...	228	...	...	16	6	16	231	29	...	...	16	15	50	...	845	...	...	...	...	...	38
Dacca Central	1,046 {	...	...	1	...	210	...	1	12	9	158	240	98	...	...	...	11	49	...	1,039	1	...	...	...	...	40
Tippera .	346 {	...	...	...	...	44	...	8	5	3	9	69	13	...	2	...	5	13	...	244	...	8	...	...	...	8
Chittagong .	183 {	...	...	...	...	215	...	...	1	3	5	95	19	1	...	2	4	9	...	412	...	1	...	...	...	13
Noakhali .	141 {	...	...	...	...	59	...	...	...	2	1	91	9	...	...	...	1	1	...	178	...	...	...	...	...	7
Backergunge .	604 {	38	1	...	...	169	...	...	5	9	53	257	56	...	...	3	10	5	...	797	...	...	...	...	...	51
Khulna .	42 {	...	1	...	...	47	1	...	...	...	2	3	...	...	...	...	...	...	...	77	...	...	...	...	...	1
Jessore .	391 {	...	...	...	...	138	1	1	1	3	8	344	18	...	...	...	2	17	...	631	...	...	...	...	...	20
Baraset .	80 {	...	...	...	...	112	...	...	1	1	5	27	31	...	...	...	2	3	...	220	...	...	...	...	...	6
Presidency Central, (Europeans)	41 {	3	...	...	...	2	...	...	1	...	...	3	4	...	...	...	1	3	...	24	...	...	...	...	1	1
Presidency Central, (natives)	1,228 {	28	...	...	...	86	1	...	15	41	11	64	15	...	...	1	4	12	...	423	...	...	...	4	...	24
Alipore Central	1,989 {	211	2	...	...	201	...	...	29	3	36	177	26	...	...	...	2	70	...	1,192	2	...	...	1	...	55
Hooghly .	383 {	...	1	...	...	86	...	...	9	6	22	137	164	...	1	1	16	44	...	695	...	...	...	...	...	23
Burdwan .	223 {	...	...	...	...	114	...	...	1	5	7	67	29	...	18	...	...	12	...	314	...	...	...	...	1	10
Krishnagar .	194 {	...	...	...	...	58	1	...	2	2	1	58	2	...	...	...	3	3	...	135	...	...	...	...	...	4
Faridpur .	361 {	24	...	...	...	70	...	...	5	4	9	97	21	1	...	...	8	25	...	324	...	...	...	...	...	20
Pubna .	231 {	...	...	...	...	61	1	...	2	5	4	66	12	...	...	...	3	6	...	194	...	...	...	...	...	7
Murshidabad .	238 {	...	...	...	4	108	10	1	...	2	9	77	15	...	...	...	4	15	...	312	4	1	...	...	...	14
Rajshahi Central	817 {	...	...	...	1	578	3	...	9	5	16	180	21	...	24	...	16	66	...	1,335	...	...	...	...	...	41
Bogra .	168 {	...	...	...	...	72	...	...	...	...	6	27	9	...	...	...	7	7	...	171	...	...	...	...	...	3
Malda .	99 {	...	...	...	...	95	...	...	...	1	3	14	6	...	...	...	1	1	...	129	1	...	...	...	...	2
Dinajpur .	283 {	...	...	...	1	85	...	...	2	5	9	58	21	...	...	7	6	6	...	265	...	...	...	...	1	8



# PRISONERS, 1902.

## TABLE XLIII—continued.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.	Other Entozoa.
Rangpur .	252 {	...	1	...	...	60	1	...	2	7	138	9	...	...	...	3	13	...	312	...	...	...	...	...	17	
Jalpaiguri .	91 {	...	...	...	...	18	1	3	1	...	8	4	8	...	...	4	3	...	70	...	...	...	...	...	3	
Purneah .	217 {	...	...	...	...	69	...	...	1	...	10	24	7	...	...	6	3	...	165	...	...	...	...	...	6	
Naya Dumka .	125 {	...	...	...	...	18	...	...	...	1	...	10	...	...	...	...	5	...	44	...	...	...	...	...	1	
Suri .	240 {	...	...	...	...	78	1	...	2	2	5	42	10	...	...	1	12	...	206	1	...	...	...	...	5	
Bankura .	265 {	...	...	2	...	45	...	...	6	5	13	50	18	...	...	...	3	...	166	...	...	...	...	...	10	
Midnapore Central }	1,216 {	...	1	11	...	511	1	...	15	13	19	384	80	2	...	8	53	...	1,510	...	...	...	1	...	63	
Balasore .	155 {	...	...	...	...	19	1	...	...	1	2	11	6	...	...	...	13	...	78	...	...	...	...	...	2	
Cuttack .	357 {	...	...	...	...	122	2	...	4	10	6	33	34	...	...	9	24	...	293	...	...	...	...	...	9	
Puri .	111 {	...	...	...	...	43	...	...	...	...	1	25	6	...	...	...	3	...	87	...	...	...	...	...	2	
Angul .	98 {	...	...	...	...	42	...	...	...	1	...	24	8	...	...	1	12	...	100	...	...	...	...	...	4	
GROUP IV.— BENGAL AND ORISSA. }	12,810 {	304	7	15	6	3,863	25	14	147	150	461	3,127	804	4	45	30	153	561	...	12,987	9	10	...	6	3	518
A. Chaibassa .	193 {	...	...	1	...	113	4	...	...	2	6	105	39	...	...	1	12	...	363	...	...	...	...	...	11	
Purulia .	282 {	12	...	...	...	70	3	2	3	11	23	5	7	...	...	3	1	...	154	...	...	...	...	...	4	
Ranchi .	163 {	...	...	...	...	22	...	3	...	2	2	20	20	...	...	...	14	...	111	...	...	...	...	...	3	
Palamau .	94 {	...	...	...	...	36	...	...	1	...	...	48	20	...	...	...	...	...	120	...	...	...	...	...	3	
Hazaribagh Central }	1,175 {	55	...	...	16	274	...	...	18	19	12	179	53	...	1	...	1	100	982	16	2	...	1	1	37	
B. Gaya .	510 {	...	...	...	...	131	...	...	4	18	16	75	23	...	...	4	19	...	339	1	...	...	...	...	16	
Bhagalpur Central }	1,825 {	...	1	...	1	204	...	...	15	10	116	178	83	...	...	1	35	...	1,186	...	...	...	...	6	88	
Monghyr .	302 {	...	1	...	...	44	...	...	...	1	2	35	22	...	...	2	12	...	155	...	...	...	...	...	5	
Darbhanga .	282 {	...	1	...	...	50	...	...	2	7	4	94	75	...	...	6	17	...	321	...	...	...	...	...	12	
Champaran .	301 {	...	...	1	...	42	...	...	...	1	3	42	32	...	...	1	14	...	189	1	...	...	...	...	5	
Muzaffarpur .	356 {	...	...	1	...	88	15	...	2	10	17	45	60	...	...	4	12	...	305	...	9	...	...	...	12	
Patna .	369 {	...	...	1	...	58	2	31	1	3	13	41	61	...	...	5	24	...	361	...	...	...	...	...	14	
Arrah .	219 {	...	...	...	...	22	...	1	...	4	3	27	8	...	...	2	5	...	98	...	...	...	...	...	4	
Chapra .	304 {	...	...	1	...	95	...	...	2	1	4	82	16	...	...	5	12	...	319	4	13	...	40	...	12	
Buxar Central .	1,301 {	...	2	...	...	2,091	2	...	3	9	21	314	253	...	...	5	34	103	3,187	...	1	...	...	...	100	
Korantadih .	71 {	...	...	...	2	5	3	5	...	2	...	4	2	...	...	...	2	...	39	...	...	...	...	...	1	
Ghazipur .	542 {	...	4	...	...	73	...	...	...	1	13	11	5	...	...	...	38	...	172	...	...	...	...	...	13	
Azamgarh .	322 {	57	...	1	...	54	...	...	2	3	25	20	7	...	...	5	28	...	257	...	...	...	4	...	10	
Kasia .	29 {	...	...	...	...	5	...	...	...	...	...	6	...	...	...	...	1	...	16	...	...	...	...	...	1	
Gorakhpur .	482 {	...	...	...	...	102	...	...	...	2	22	35	18	...	1	18	35	...	373	...	...	...	...	...	16	
Basti .	331 {	...	...	...	...	53	...	...	2	5	8	18	4	...	...	1	36	...	177	...	...	...	...	...	6	
Fyzabad .	517 {	21	...	...	...	142	...	...	4	11	37	27	24	...	...	38	87	...	611	...	4	...	...	...	23	
Sultanpur .	319 {	...	...	...	...	82	...	...	...	1	3	2	11	...	...	8	27	...	192	...	...	...	...	...	8	

JAILS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.	Other Entozoa.
Rai Bareli .	585 {	...	...	...	...	83	...	1	6	1	9	5	17	...	...	...	...	70	2	351	1	...	...	...	...	23
Partabgarh .	218 {	...	...	...	...	36	...	...	4	...	7	3	5	...	...	...	9	20	...	126	...	...	...	...	...	4
Jaunpur .	309 {	3	...	...	...	66	...	...	...	2	1	13	19	...	...	...	...	22	...	183	...	1	...	...	...	8
Benares Central	1,851 {	...	12	...	...	395	...	...	12	17	21	198	139	...	...	...	9	120	...	1,085	...	3	...	...	...	48
„ District	450 {	...	...	...	...	50	...	...	3	2	2	36	22	...	...	...	...	63	...	229	...	...	...	...	...	11
Mirzapur .	224 {	...	...	...	1	76	...	...	1	1	7	7	6	...	...	...	...	32	...	234	1	1	1	...	...	9
Allahabad Central	1,871 {	...	...	...	1	341	...	...	38	14	59	117	105	...	...	...	9	225	1	1,193	1	...	1	...	...	71
„ District	474 {	...	...	...	...	77	...	...	1	13	7	15	5	...	...	...	25	116	...	367	...	...	...	...	...	20
Karwi .	31 {	...	...	...	...	14	...	...	...	...	...	2	1	...	...	...	1	...	...	25	...	...	...	...	...	1
Banda .	223 {	...	...	...	...	175	...	...	2	...	13	26	22	...	1	...	4	61	...	404	1	...	...	...	...	10
Fatehpur .	330 {	2	...	...	...	178	...	...	...	6	12	27	10	...	4	...	6	46	...	380	2	...	...	...	...	14
Hamirpur .	103 {	2	...	...	...	53	...	3	...	...	3	2	6	...	...	...	1	29	...	153	...	...	...	...	...	4
Orai .	137 {	...	...	...	...	82	...	...	1	2	10	5	8	...	3	...	1	12	...	172	...	...	...	...	...	7
Cawnpore .	370 {	133	...	2	...	58	...	...	3	3	17	12	19	...	8	...	8	54	...	461	...	...	...	...	...	27
Unao .	321 {	1	...	...	...	59	...	12	1	1	...	7	2	...	4	...	5	20	...	156	...	...	...	...	...	5
Lucknow Central	1,617 {	17	...	...	...	110	1	...	14	2	8	46	26	...	...	...	...	81	...	511	1	...	...	...	...	34
„ District	546 {	...	...	...	...	17	...	...	3	1	...	4	6	...	...	...	1	29	...	108	...	...	...	...	...	6
Barabanki .	437 {	...	...	...	...	59	...	...	1	...	8	4	19	...	...	...	12	48	...	297	...	...	...	...	...	12
Gonda .	571 {	...	...	...	...	70	2	...	...	...	4	33	12	1	7	...	11	40	...	298	...	...	...	...	...	24
Bahraich .	291 {	...	...	1	...	55	...	...	...	6	2	14	9	...	...	...	3	60	...	203	...	...	...	...	...	10
Kheri .	328 {	...	...	...	...	67	...	...	3	7	6	3	18	...	...	...	2	95	...	309	...	...	...	...	...	12
Sitapur .	634 {	...	...	...	...	87	2	...	2	3	4	13	19	...	...	...	...	78	...	304	1	...	...	...	...	14
Hardoi .	370 {	14	...	...	...	67	...	...	3	3	7	9	5	...	...	...	1	11	...	160	...	...	...	...	...	5
Etawah .	258 {	...	...	...	...	41	...	...	5	8	8	8	2	...	...	...	3	10	...	129	...	...	...	...	...	7
Mainpuri .	369 {	9	...	...	...	185	5	7	2	1	13	45	27	1	17	...	1	33	...	418	...	...	...	...	...	25
Etah .	297 {	...	...	...	...	157	...	...	5	5	8	7	17	...	...	...	91	33	...	405	...	...	...	...	...	19
Fatehgarh Central	1,853 {	...	...	...	...	426	...	...	43	19	64	161	47	...	...	...	5	163	...	1,351	1	...	...	...	...	74
„ District	418 {	3	...	...	...	91	...	...	4	13	10	78	17	...	...	...	1	30	...	332	...	...	...	...	...	11
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	25,830 {	329	21	9	21	7,031	39	65	216	253	660	2,313	1,453	2	46	5	348	2,235	4	20,371	31	34	2	45	7	919
A Shahjahanpur.	348 {	...	...	...	...	193	...	...	...	4	9	17	30	...	...	...	...	17	...	336	...	...	...	...	...	8
Pilibhit .	7 {	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
Bareilly Central	2,032 {	...	...	...	...	355	...	...	38	13	32	28	44	...	3	...	73	131	...	1,034	...	...	...	7	1	67



TABLE XLIII—continued.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.										Average number constantly sick.	
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.		Other Entozoa.
Bareilly District	764 {	13	...	...	...	304	...	...	7	3	24	59	48	...	...	...	...	29	...	573	3	...	...	...	...	16
Budaon . .	357 {	...	...	...	...	63	...	...	5	3	4	9	3	...	2	...	...	39	...	180	...	...	...	...	...	6
Aligarh . .	419 {	...	...	...	...	122	...	...	4	10	5	5	8	...	...	...	2	28	...	252	...	...	...	...	...	12
Bulandshahr .	247 {	...	...	...	...	65	...	2	1	10	10	24	4	...	...	...	6	24	...	186	...	...	...	...	...	10
Moradabad .	376 {	...	...	...	1	102	1	...	1	4	8	26	2	...	...	...	...	8	...	221	...	1	...	1	...	13
Bijnor . .	297 {	3	...	...	...	119	...	...	1	3	4	7	4	...	3	...	3	32	...	247	...	...	...	...	...	9
Dehra Dun. .	77 {	...	...	...	...	20	...	...	...	1	...	3	10	...	...	...	4	4	...	60	...	...	...	...	...	5
Saharanpur .	307 {	...	...	...	...	221	7	...	1	31	7	64	46	...	...	...	16	42	...	567	2	...	...	...	...	22
Muzaffarnagar	194 {	...	...	...	...	125	...	24	2	4	7	14	13	...	...	...	4	24	...	278	1	...	...	...	...	10
Meerut . .	595 {	31	...	...	...	390	...	3	8	12	4	27	27	...	...	...	2	36	...	660	...	...	...	...	...	19
Delhi . .	514 {	...	...	...	...	267	...	...	12	18	4	27	36	...	...	...	17	71	...	516	...	...	...	...	...	16
Rohtak . .	192 {	...	...	...	8	179	1	...	1	6	4	5	1	...	...	...	2	48	...	311	...	...	7	...	...	8
Hissar . .	238 {	...	...	...	...	183	11	...	1	6	10	17	8	...	...	...	7	21	...	347	...	...	21	...	...	8
Karnal . .	111 {	...	...	...	...	53	...	...	2	8	2	3	10	...	...	...	1	19	...	124	...	...	...	...	...	3
Umballa . .	695 {	...	...	...	...	369	3	...	6	5	13	37	68	...	...	1	3	62	...	645	...	...	7	...	...	19
B																										
Ludhiana . .	267 {	...	...	...	...	112	3	...	...	8	10	16	5	...	...	...	1	29	...	220	...	...	...	...	...	6
Hoshiarpur .	49 {	...	...	...	...	17	...	...	...	...	5	1	9	...	...	...	1	15	...	66	...	...	...	...	...	1
Jullundur . .	253 {	...	...	...	...	46	1	3	...	7	2	3	7	...	...	1	...	7	...	110	...	...	...	...	...	3
Ferozepore .	350 {	...	...	...	2	122	...	...	1	15	20	1	36	...	...	...	26	39	...	348	...	...	7	...	...	15
Amritsar . .	178 {	...	...	...	...	156	1	...	...	3	4	22	7	...	...	1	16	27	...	269	...	...	...	...	...	8
Lahore Central	1,439 {	...	...	1	3	1,732	...	...	26	15	202	237	258	1	1	...	2	522	...	3,614	1	...	5	...	...	98
„ District	512 {	...	...	...	...	195	...	...	6	9	13	40	46	...	...	...	...	109	...	510	...	...	...	...	...	15
„ Female	179 {	...	...	...	...	50	...	...	3	3	2	8	7	...	...	...	...	11	...	111	...	...	1	...	...	3
Gurdaspur .	199 {	...	...	...	1	9	...	...	1	3	3	10	8	...	...	...	1	1	...	59	...	...	...	...	...	2
Gujranwala .	340 {	...	...	...	...	91	...	...	...	1	4	3	8	...	...	...	7	30	...	205	...	...	...	...	...	4
Sialkot . .	366 {	...	...	...	...	68	...	3	...	11	16	14	4	...	...	...	2	33	...	210	...	...	...	...	...	6
Gujrat . .	166 {	...	...	...	...	13	...	...	...	2	...	5	...	...	...	...	2	...	...	31	...	...	...	...	...	1
Mung Rasul Central.	1,268 {	38	...	...	...	246	...	...	19	33	82	25	38	...	...	...	62	377	...	1,454	...	...	6	...	...	46
Jhelum . .	227 {	...	...	...	...	184	2	...	...	10	7	33	34	...	...	...	1	22	...	314	...	...	4	...	...	6
Rawalpindi .	750 {	...	...	...	...	854	...	1	10	17	17	84	64	...	...	4	17	102	...	1,454	...	...	5	...	...	35
GROUP VI.— UPPER SUB- HIMALAYA.	14,253 {	85	...	4	15	7,026	30	36	156	278	534	874	893	1	9	7	278	1,959	...	15,514	7	1	63	8	1	503

JAILS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.													Average number constantly sick.	
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus Duodenalis.		Other Entozoa.
A.																										
Meshawar .	511 {	...	...	...	...	142	...	...	2	12	16	38	15	...	...	9	72	...	343	...	...	...	...	...	...	15
		...	...	...	...	...	...	...	2	3	...	3	...	...	...	...	1	...	12	...	...	...	...	...	...	
ohat .	109 {	...	...	...	...	89	...	...	...	6	1	8	4	...	...	2	21	...	156	...	...	3	...	...	...	3
		...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	...	...	4	...	...	...	...	...	...	
annu .	163 {	...	...	...	...	33	...	20	...	4	...	12	13	...	...	2	11	...	143	...	...	9	...	...	...	3
		...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	
hahpur .	209 {	...	...	...	...	69	...	...	1	7	10	4	7	...	...	2	25	...	174	...	...	2	...	...	...	4
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	
hang .	266 {	...	...	...	1	181	...	...	5	12	12	36	68	...	...	4	25	...	405	2	...	2	...	...	...	12
		...	...	...	...	...	...	...	1	4	...	2	2	...	...	...	...	...	9	...	...	...	...	...	...	
Montgomery } Central.	1,860 {	...	...	1	...	493	...	...	15	23	31	67	50	...	...	30	164	...	1,093	...	...	8	...	...	...	47
		...	...	...	...	2	...	...	10	8	3	5	...	...	...	3	...	...	40	...	...	...	...	...	...	
ooltan Cen- } tral.	1,237 {	...	...	...	...	365	1	...	8	32	36	38	48	...	...	1	88	149	...	1,006	...	...	10	...	...	44
		...	...	...	...	...	1	...	4	5	...	5	1	...	...	4	...	...	26	...	...	...	...	...	...	
„ District	707 {	...	...	2	...	255	3	...	11	23	13	51	66	...	...	10	50	...	634	1	...	9	...	...	...	24
		...	...	2	...	...	...	...	4	1	...	1	...	...	...	1	...	...	14	...	...	...	...	...	...	
Dera Ismail } Khar.	430 {	...	...	2	...	259	1	1	2	6	26	38	25	...	...	5	81	...	566	...	...	26	...	...	...	18
		...	...	...	...	...	...	1	1	2	...	3	1	...	...	...	...	...	11	...	...	...	...	...	...	
Dera Ghazi } Khan.	196 {	...	...	1	...	112	...	...	1	6	32	4	11	...	...	1	6	14	...	260	...	...	1	...	...	5
		...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	
C.																										
hikarpur .	503 {	...	...	4	...	104	...	...	4	42	9	22	16	...	3	3	4	25	...	271	...	...	...	...	...	13
		...	...	...	...	...	...	...	1	7	...	1	2	...	...	1	...	...	13	...	...	...	...	...	...	
ind Gang .	353 {	...	...	...	...	97	2	...	...	56	18	8	16	...	...	1	1	13	...	273	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	14	1	1	...	...	...	...	...	...	20	...	...	...	...	...	...	
Hyderabad } Central .	860 {	...	...	...	...	101	...	...	3	29	30	55	82	...	8	19	11	58	...	548	1	1	1	...	...	21
		...	...	...	...	2	...	...	2	13	3	2	2	...	...	1	...	...	31	...	...	...	...	...	...	
Kurrachee .	314 {	...	...	1	2	63	1	...	...	5	10	21	18	...	3	1	2	14	...	223	...	...	...	...	...	8
		...	...	...	...	2	...	...	...	2	1	1	...	...	...	...	...	...	9	...	...	...	...	...	...	
GROUP VII.— N.-W. FRON- TIER, INDUS VALLEY, AND N.-W. RAJ- PUTANA.	7,718 {	...	...	11	3	2,363	8	21	52	263	244	402	439	...	14	26	176	722	...	6,095	4	1	71	...	...	223
		...	...	2	...	7	1	1	25	66	8	25	8	...	...	1	9	1	...	199	...	...	...	...	...	
A.																										
Rajkot .	146 {	...	...	...	...	35	...	...	1	2	13	4	8	...	...	1	11	...	97	...	2	1	...	...	...	3
		...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	4	...	...	...	...	...	...	
Ahmedabad } Central.	1,399 {	...	...	...	...	126	5	...	10	44	30	108	37	...	...	1	18	8	...	660	...	...	19	...	...	41
		...	...	...	...	4	1	...	11	8	3	1	...	...	1	1	5	1	...	84	...	...	...	...	...	
B																										
Ajmer .	541 {	1	...	...	...	69	...	...	...	5	7	4	9	...	...	1	6	34	...	266	...	...	13	...	...	12
		...	...	...	...	...	...	...	...	3	2	1	...	...	...	...	...	...	16	...	...	...	...	...	...	
Muttra .	279 {	...	...	...	...	64	3	...	6	10	6	12	...	...	3	...	6	41	...	209	...	...	...	...	...	7
		...	...	...	...	...	2	...	1	2	1	...	...	...	1	...	...	...	9	...	...	...	...	...	...	
Agra Central .	2,258 {	...	...	...	...	1,044	...	...	11	19	78	93	101	...	...	...	73	283	...	2,328	...	...	2	...	...	127
		...	...	...	...	...	...	...	8	6	4	13	3	...	...	...	1	...	...	42	...	...	...	...	...	
„ District	599 {	...	...	1	...	300	...	...	11	10	26	23	56	...	...	...	20	101	...	704	...	...	1	...	...	28
		...	...	...	...	...	...	...	4	1	...	2	2	...	...	...	...	...	9	...	...	...	...	...	...	
hansi .	267 {	...	...	...	...	68	...	4	...	4	4	8	12	...	3	...	6	76	...	237	...	...	1	...	...	9
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	
Lalitpur .	73 {	...	...	...	...	32	1	...	...	...	3	7	3	...	...	...	5	18	...	91	...	...	...	...	...	4
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	
GROUP VIII.— S.-E. RAJ- PUTANA, CENTRAL INDIA, AND GUJARAT.	5,562 {	1	...	1	...	1,738	9	4	39	94	167	259	226	...	6	2	135	572	...	4,592	...	2	37	...	...	231
		...	...	...	...	5	3	...	25	21	10	19	5	...	2	1	6	1	...	168	...	...	...	...	...	



TABLE XLIII—continued.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.	Other Entozoa.	
A.																											
Damoh . . .	51 {	...	...	...	...	7	...	...	...	...	14	...	...	...	...	...	6	...	41	...	...	2	...	...	...	2	
Saugor . . .	145 {	...	...	...	...	88	...	...	3	2	9	26	37	1	...	...	17	13	...	277	...	...	1	...	7	16	
Jubbulpore Central.	978 {	49	...	...	...	447	...	...	12	15	30	92	99	...	3	1	37	75	...	1,094	...	1	3	...	...	30	
Narsinghpur . .	75 {	...	...	...	...	13	...	...	1	...	1	1	2	...	1	...	...	3	...	27	...	...	...	...	...	2	
Mandla . . .	64 {	...	...	...	...	30	...	...	...	1	6	5	6	...	...	...	...	3	...	83	...	...	...	...	...	2	
Bilaspur . . .	179 {	...	...	...	...	26	2	...	1	1	2	16	4	...	...	...	5	6	...	99	...	...	...	...	...	5	
Sambalpur . . .	172 {	...	...	...	...	30	...	1	2	2	9	8	7	...	...	...	3	7	...	93	...	...	...	...	...	3	
Raipur Central	755 {	27	...	...	2	316	...	...	...	10	27	116	31	...	...	...	5	76	...	937	...	...	...	...	...	32	
Balaghat . . .	67 {	...	...	...	...	30	...	...	...	2	...	7	8	...	...	...	6	11	...	76	...	...	...	...	...	3	
Seoni . . .	43 {	...	...	...	...	17	...	...	...	1	2	6	1	...	...	...	2	2	...	41	...	...	...	...	...	1	
Chhindwara . .	70 {	...	...	...	...	1	...	...	...	1	4	...	...	1	...	...	...	1	...	16	...	...	1	...	...	...	
Hoshangabad .	144 {	...	...	...	...	83	...	...	...	2	2	16	16	...	2	...	4	33	...	200	...	...	...	...	...	6	
Nimar . . .	120 {	...	...	...	...	13	...	...	...	...	1	7	2	...	1	...	2	22	...	86	...	...	3	...	...	4	
Betul . . .	82 {	...	...	...	...	32	...	...	...	...	4	2	8	...	...	...	1	15	...	101	1	...	1	...	...	2	
Nagpur Central	949 {	49	...	...	1	229	...	30	11	...	18	8	45	...	...	...	2	101	...	651	...	...	...	...	...	17	
Bhandara . . .	89 {	...	...	...	...	19	...	...	...	1	3	11	7	...	...	1	2	9	...	63	...	...	...	...	...	3	
Wardha . . .	62 {	...	...	...	...	22	...	...	...	1	...	5	9	...	...	...	...	6	...	58	...	...	1	...	...	1	
Chanda . . .	100 {	...	...	...	...	35	...	...	1	...	5	3	1	...	...	...	1	12	...	88	...	...	...	...	...	4	
Sironcha . . .	3 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	
B.																											
Secunderabad .	101 {	...	...	...	...	20	...	1	...	1	7	3	5	...	1	...	2	8	1	98	...	...	...	...	...	2	
Yeotmahl . . .	39 {	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	1	1	...	27	...	...	...	...	...	1	
Amraoti Central	383 {	1	...	...	...	198	...	5	...	1	3	5	13	...	2	3	10	14	...	330	...	...	1	...	...	8	
Ellichpur . . .	42 {	...	...	...	...	11	...	...	...	...	1	1	...	...	...	...	1	9	...	34	...	...	...	...	...	1	
Akola Central .	502 {	...	...	...	...	220	1	...	...	9	4	27	14	...	...	...	10	20	...	379	...	...	3	3	...	8	
Basim . . .	45 {	...	...	...	...	5	...	...	...	...	3	1	...	...	...	...	1	1	...	25	...	...	2	...	...	1	
Buldana . . .	63 {	...	...	...	...	10	...	...	...	...	4	...	1	...	...	...	4	1	...	27	...	...	...	...	...	1	
Dhulia . . .	685 {	...	...	...	...	62	...	...	...	7	6	35	5	...	...	...	13	41	...	356	...	...	54	...	...	2	
Yerrowda Central.	1,701 {	1	...	...	...	469	...	2	5	8	40	88	63	...	...	5	12	176	...	1,532	...	...	51	...	...	7	
Bijapur . . .	408 {	...	...	...	1	85	3	...	3	3	1	29	6	...	...	...	4	4	...	204	...	3	22	...	...	8	
Deccan Gang . .	905 {	...	...	...	...	264	137	7	1	6	18	20	39	...	...	2	7	158	...	1,021	...	...	20	...	...	4	
Dharwar . . .	539 {	...	...	...	...	64	19	...	4	10	18	33	18	...	...	...	...	3	...	220	...	...	11	...	...	1	
GROUP IX.—																											
DECCAN . . .	9,561 {	127	...	...	4	2,851	162	46	44	84	228	585	447	2	10	12	152	837	1	8,285	1	4	176	3	7	31	

JAILS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Thana . .	736 {	...	1	2	1	145	...	3	13	3	53	26	30	...	...	4	8	46	...	454	...	...	17	...	...	25
Bombay Common. }	515 {	...	...	...	...	26	...	...	...	8	9	12	9	...	...	...	3	9	...	143	...	...	1	...	...	6
Bombay House of Correction. }	365 {	...	...	...	...	115	1	...	11	2	5	11	23	...	...	...	1	10	...	237	...	...	...	...	...	9
Ratnagiri .	172 {	...	...	...	...	1	...	...	1	...	4	18	1	...	...	1	2	2	...	50	...	...	1	...	...	4
Karwar . .	250 {	...	...	3	...	23	2	...	2	...	2	23	40	...	...	2	...	6	...	116	...	...	2	...	...	5
Mangalore .	117 {	...	...	2	...	4	...	...	...	2	3	...	...	...	...	...	...	3	...	33	...	4	...	...	...	3
Cannanore, Central }	854 {	...	...	1	3	55	1	...	14	6	3	15	8	...	...	...	2	11	...	252	...	...	...	...	...	15
GROUP X.—WESTERN COAST. }	3,009 {	...	1	1	10	369	4	3	41	21	79	105	111	...	...	7	16	87	...	1,285	...	4	21	...	1	67
A.																										
Bellary . .	497 {	...	...	...	...	64	...	5	10	7	20	8	...	...	...	...	1	19	...	248	1	...	14	...	...	15
Salem Central	590 {	...	...	...	...	38	...	...	5	10	3	5	...	...	...	...	...	6	...	110	...	...	2	...	...	5
Coimbatore Central. }	1,230 {	...	...	1	...	52	9	34	8	11	36	44	20	...	...	...	5	32	...	582	...	...	33	...	...	34
B.																										
Palamcottah .	358 {	...	3	...	...	11	1	1	5	1	15	25	1	...	...	...	2	7	...	152	...	1	2	...	...	7
Madura . .	414 {	...	1	...	...	38	...	4	2	3	4	37	...	...	...	...	...	18	...	193	...	...	4	...	...	9
Trichinopoly Central. }	968 {	...	...	...	...	208	...	...	11	5	8	56	...	...	...	...	3	54	...	750	...	...	38	2	...	20
Tanjore . .	362 {	...	...	...	...	5	...	1	...	1	1	20	...	...	...	...	...	18	...	114	...	...	...	...	...	9
Cuddalore .	405 {	...	...	...	...	19	...	...	13	5	9	29	...	...	...	...	1	9	...	170	...	...	12	...	...	9
Vellore Central	1,365 {	...	...	...	...	10	...	121	8	15	32	37	...	...	2	...	1	83	...	605	...	...	18	...	...	33
Madras Civil .	28 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Penitentiary, Central. }	586 {	...	...	4	...	104	...	1	13	3	15	16	...	...	...	...	4	34	...	385	...	1	2	...	...	16
Nellore . .	236 {	...	...	...	...	16	...	46	2	2	23	7	...	...	...	...	1	14	...	136	...	...	7	...	...	5
C.																										
Rajamundry Central. }	1,191 {	...	...	...	...	399	...	1	23	14	23	128	7	...	...	...	12	28	...	852	...	1	30	...	...	29
Vizagapatam .	520 {	...	...	...	...	18	...	...	1	13	9	6	4	...	...	...	...	1	...	75	...	...	...	...	...	9
Berhampur .	169 {	...	...	1	...	59	...	...	1	...	12	9	11	...	...	...	...	7	...	144	...	1	...	...	1	4
GROUP XI.—SOUTHERN INDIA. }	9,319 {	...	4	5	1	1,041	10	214	102	90	210	427	43	...	2	...	30	330	...	4,516	1	3	162	2	1	204



# PRISONERS, 1902.

## TABLE XLIII—continued.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.
Shillong	41	...	...	...	...	8	4	...	...	1	...	1	...	...	...	...	1	...	20	...	...	...	...	...	1
Darjeeling	94	...	...	...	1	32	...	7	1	...	4	28	12	...	...	...	2	...	99	...	...	...	...	...	2
Almora	90	...	...	...	...	14	...	2	...	2	1	3	...	...	...	...	5	...	31	...	...	...	...	...	2
Pauri	11	...	...	...	...	12	...	...	...	...	2	9	3	...	...	...	...	...	27	...	...	...	...	...	1
Simla	20	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	7	1	...	...	...	...	...
Dharmasala	54	...	...	...	...	2	...	...	...	...	...	2	5	...	...	...	7	...	23	...	...	...	...	...	1
Abbottabad	77	...	...	...	1	16	...	...	...	1	3	...	...	...	1	1	12	...	50	...	...	...	...	...	2
Quetta	65	...	...	...	...	44	...	...	...	7	6	7	...	...	3	2	28	...	134	...	...	...	...	...	3
Mercara	70	...	...	...	...	5	...	...	...	1	...	1	3	...	...	3	1	...	20	...	2	...	...	...	2
Russellkonda	92	...	...	...	...	30	...	4	...	2	8	4	1	...	...	...	2	...	71	...	...	...	...	...	2
GROUP XII.—HILLS.	614	...	...	...	2	163	4	13	1	14	25	55	24	...	...	4	6	59	482	1	2	...	...	...	16
EXTRA INDIA.—Aden	47	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	4	...	...	...	...	...	...
INDIA†(a)	114,334	29	...	12	1	730	22	6	173	137	214	411	121	2	7	5	138	352	4	3,558	1	...	6	8	...
Admitted.		912	36	47	69	42,381	494	440	1,142	1,510	3,713	11,019	5,698	11	133	145	1,395	9,507	10	104,429	57	63	536	68	25
Died		16	24	6	15	126	89	1	486	386	97	586	165	9	5	6	60	8	5	2,841	1	...	1	5	...
Died out of hospital		...	...	...	...	1	1	...	...	2	1	...	...	...	...	...	...	...	62	...	...	...	...	...	4,054
ANDAMANS	12,907	26	...	...	...	13,904	148	...	224	171	940	2,068	836	1	1	14	6	1,172	3	23,199	3	...	3	...	721
BURMA	11,525	40	2	1	7	1,646	48	24	113	83	147	610	347	1	...	37	70	947	2	6,189	...	1	1	...	285
ASSAM	1,220	...	1	...	...	394	11	...	6	10	18	195	75	...	...	1	25	26	...	930	...	1	...	4	49
BENGAL.	20,580	371	12	20	24	7,235	51	58	199	248	707	4,445	1,588	4	46	35	222	943	1	21,276	31	35	...	47	846
UNITED PROVINCES.	27,751	309	16	5	5	7,305	25	63	261	208	652	1,461	1,095	2	59	...	499	2,793	3	20,404	15	10	6	12	968
PUNJAB	12,782	38	...	8	15	6,423	26	7	129	283	555	793	909	1	1	9	308	1,980	...	14,520	5	...	95	...	443
N.-W. F. PROVINCE	1,290	...	...	2	1	539	1	21	4	29	46	96	57	...	...	1	19	197	...	1,258	...	...	38	...	41
BOMBAY	9,898	1	1	5	8	1,780	170	12	59	225	266	513	411	...	14	39	87	585	...	6,409	1	6	200	...	305
BERAR AND SECUNDERABAD.	1,175	1	...	...	...	469	1	6	...	11	22	37	33	...	3	3	29	54	1	920	...	...	6	3	22
CENTRAL PROVINCES.	4,148	125	...	...	3	1,438	2	31	31	39	123	343	283	2	7	2	87	401	...	4,032	1	1	12	...	133
MADRAS	10,382	...	4	6	6	1,130	11	218	116	100	224	446	52	...	2	...	32	346	...	4,872	1	7	162	2	224

\* Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases. † Including Ajmer, Quetta, and Mercara.  
(a) Including the subsidiary jails, the total figures are:— Average annual strength. Average constantly sick. Number of admissions. Number of deaths.  
119,792 4,154 110,102 2,948

GEOGRAPHICAL GROUPS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						Average for the year.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
GROUP I.—BURMA COAST AND BAY ISLANDS.	20,332 694	20,273 677	20,258 695	20,298 738	20,459 959	20,701 1,180	20,699 1,127	20,721 1,044	20,783 1,011	20,967 991	21,123 997	21,215 948	20,655 921
GROUP II.—BURMA INLAND . . .	3,876 63	3,823 77	3,878 88	3,856 89	3,741 97	3,800 77	3,796 91	3,789 95	3,769 82	3,720 91	3,661 75	3,607 77	3,777 85
GROUP III.—ASSAM . . .	1,209 33	1,188 38	1,189 45	1,168 41	1,140 47	1,178 51	1,192 45	1,197 55	1,224 63	1,179 55	1,142 41	1,139 39	1,179 48
GROUP IV.—BENGAL AND ORISSA . . .	12,513 424	12,623 453	12,719 480	12,905 523	12,986 492	13,087 488	13,152 507	13,042 573	13,001 557	12,736 535	12,436 592	12,455 558	12,810 518
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	26,336 866	26,217 816	26,026 886	25,760 868	25,838 851	25,832 822	25,933 854	26,097 1,034	25,948 1,110	25,920 1,129	25,298 944	24,762 865	25,830 919
GROUP VI.—UPPER SUB-HIMALAYA . . .	14,175 553	14,400 532	14,236 446	14,017 499	14,026 472	14,214 421	14,309 443	14,414 514	14,385 585	14,385 550	14,286 523	14,214 494	14,253 503
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJ-PUTANA.	7,861 243	7,648 218	7,518 199	7,397 177	7,390 202	7,567 228	7,754 219	7,821 224	7,751 215	7,919 251	8,006 254	7,933 245	7,718 223
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	5,540 245	5,555 207	5,580 212	5,595 242	5,586 225	5,581 217	5,539 183	5,579 196	5,691 227	5,644 245	5,484 324	5,356 260	5,562 231
GROUP IX.—DECCAN . . .	9,718 365	9,574 354	9,437 315	9,337 282	9,296 284	9,565 316	9,773 308	9,863 366	9,955 406	9,735 337	9,493 275	9,019 208	9,561 319
GROUP X.—WESTERN COAST . . .	3,146 68	3,189 68	3,184 61	3,070 60	3,010 65	3,031 70	2,942 79	2,921 81	3,024 79	2,951 60	2,846 52	2,808 56	3,009 67
GROUP XI.—SOUTHERN INDIA . . .	9,719 247	9,653 220	9,390 213	9,317 212	9,300 218	9,218 213	9,289 198	9,324 183	9,336 196	9,283 187	9,049 193	8,969 183	9,319 204
GROUP XII.—HILLS. . .	570 15	584 12	607 14	647 12	652 13	667 18	649 21	620 22	617 15	616 15	587 16	572 18	614 16
INDIA * . . .	115,044 3,816	114,771 3,672	114,068 3,655	113,412 3,743	113,468 3,925	114,491 4,101	115,081 4,075	115,442 4,387	115,538 4,546	115,101 4,446	113,452 4,286	112,089 3,951	114,334 4,054

ADMINISTRATIONS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						Average for the year.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
ANDAMANS . . . . .	12,598 498	12,698 498	12,788 516	12,882 583	12,880 802	12,879 977	12,891 905	12,909 812	12,919 766	13,089 772	13,157 783	13,173 738	12,907 721
BURMA . . . . .	11,610 259	11,398 256	11,348 267	11,272 244	11,320 254	11,622 280	11,604 313	11,601 327	11,633 327	11,598 310	11,617 289	11,649 287	11,525 285
ASSAM . . . . .	1,247 33	1,228 39	1,232 46	1,205 43	1,178 48	1,221 53	1,235 50	1,231 58	1,261 63	1,233 55	1,186 41	1,185 40	1,220 49
BENGAL . . . . .	20,285 693	20,368 731	20,429 815	20,582 825	20,807 775	20,994 777	20,991 818	20,893 951	20,774 983	20,521 961	20,164 917	20,094 877	20,580 846
UNITED PROVINCES . . . . .	28,109 996	28,110 924	27,977 896	27,867 957	27,964 931	27,954 851	28,024 846	27,998 990	28,860 1,088	27,745 1,099	26,944 1,094	26,460 960	27,751 968
PUNJAB . . . . .	12,924 482	12,956 427	12,750 380	12,368 386	12,121 412	12,320 415	12,476 404	12,749 455	12,926 491	13,175 512	13,403 484	13,227 454	12,782 443
N.-W. F. PROVINCE . . . . .	1,378 48	1,313 41	1,214 34	1,231 32	1,279 39	1,304 46	1,414 46	1,419 50	1,258 38	1,218 43	1,207 39	1,240 38	1,290 41
BOMBAY . . . . .	9,790 364	9,722 339	9,737 300	9,618 297	9,639 284	9,630 305	10,004 308	10,160 361	10,440 369	10,255 281	9,890 236	9,561 220	9,898 305
BERAR AND SECUNDERABAD . . . . .	1,339 18	1,261 20	1,217 18	1,196 19	1,164 18	1,177 21	1,174 20	1,175 20	1,151 29	1,090 29	1,088 26	1,075 19	1,175 22
CENTRAL PROVINCES . . . . .	4,348 135	4,293 133	4,161 133	4,082 109	4,071 115	4,103 125	4,245 126	4,241 138	4,250 152	4,168 162	4,042 156	3,810 102	4,148 133
MADRAS . . . . .	10,777 277	10,771 251	10,522 234	10,420 231	10,369 231	10,303 232	10,353 221	10,372 203	10,363 221	10,314 200	10,070 204	9,977 200	10,382 274
INDIA † . . . . .	115,044 3,816	114,771 3,672	114,068 3,655	113,412 3,743	113,468 3,925	114,491 4,101	115,081 4,075	115,442 4,387	115,538 4,546	115,101 4,446	113,452 4,286	112,089 3,951	114,334 4,054

\* Including Aden.

† Including Ajmer, Quetta, and Mercara.



## TABLE XLIV.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS. SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

## BENGAL.

**Barisal.**—The sickness and mortality were mainly due to the bad water-supply, and partly to overcrowding, which lasted throughout the year in all the wards except those of the hospital. The workshops had to be used at night. The surroundings are very insanitary, the jail being situated in the midst of the native town. Dysentery was very prevalent in the district and a large proportion of the prisoners were admitted with the disease. The drainage has been much improved. The drinking water is purified and boiled before use. Representation was made to the local authorities regarding the proposed installation of water-works in the town. There was “epidemic dropsy” in October and November.

**Hooghly.**—There was no overcrowding in the jail. The wards are old, and four rows of prisoners sleep in each. The wards form three sides of a square, so that free perfusion of air is impossible in all. The sickness and mortality (malarial fever, dysentery, and diarrhoea) were owing, in most cases, to the condition of the prisoners on admission to jail. In all the phthisis cases the disease was contracted before admission to jail. Crowded *busties* surround half the jail and approach very close to its walls on the north-west. The district is a very unhealthy one.

**Krishnagar.**—Overcrowding lasted for more than three months during the year. No particular local condition can account for the prevalence of occasional dysentery and malarial fever. Climatic conditions and those inseparable from jail life account for 64 cases of dysentery. For the sanitary improvement of the jail sanction has been obtained for cross ventilators to all night latrines and for a new boiler for the drinking water, etc.

**Murshidabad.**—The municipal water-works having got out of order in September, the supply of water from them was either deficient or altogether wanting up to the end of the year. There was a large increase in the amount of dysentery and malarial fever, as compared with last year. As regards the former disease, it was coincident with the failure of the water-works, as also with the receipt of a batch of prisoners from Barisal jail, many of whom were not in good health, and suffered from dysentery soon after arrival at Berhampore; and as regards malarial fever the jail shared equally with all parts of the district in a severe autumnal “fever season,” in spite of prophylactics having been given. There were four cases of enteric fever, the source of which was not traced. Three of the cases had been some time in jail. The fourth was suffering from the disease on admission: he was second in the series, in point of time.

**Rangpur.**—Overcrowding lasted more or less throughout the year in almost all the barracks. To relieve it the superintendent's office, as well as the verandah of the two-storied barrack, had to be occupied for some time during the year. Wards Nos. 4, 5, 6, 7, 8 and 9, which are all on the ground-floor, and were actually constructed to serve the purposes of godowns and stables (and never meant for human beings to live in) are altogether defective in ventilation and light. They are very lowly situated, dark, and damp. The doors and windows face north and south, but there are ten beds in a row with very thick partition walls separating the different rows of beds. The surface drainage inside the jail is very defective. The central block of building having sunk during the late earthquake to a depth of about two feet and a half, the water collects and floods the jail and godown at each heavy shower of rain, the few narrow drains being quite insufficient to carry off the water quickly. None of the urinals have been properly made: the urine tubs are placed on the bare ground in the open, and not on a *pucca* raised plinth. The day latrines in the female and segregation wards are so built of corrugated iron with thatched roofs like domes, entirely walled without any opening or ventilators, that they see no light of the day, nor permit of any ventilation, and so always keep damp and stuffy, though the dry-earth system is in use. The water, which is obtained from one ordinary and one tube well is densely charged with iron salts, giving it a strong metallic taste, and turning it almost black when treated with tannic acid; and wherever the water collects, it leaves a thick yellow precipitate, as on the bathing platforms. When the water is boiled however, the salts get precipitated. The land immediately outside the jail enclosure, which belongs to the jail and forms the garden, and upon which the outhouses stand, is fairly healthy; but beyond the jail compound on the south and the east there are two deep *katcha* drains belonging to the municipality, where water collects during the rains, and stands deep and stagnant on occasions; and on the north and the west there are extensive marshes growing rice and jute at a distance of about 400 yards from the jail premises. Besides, there is a deep canal, which crosses the marsh on the west. There is no proper flow: the water remains stagnant the greater part of the year, and is very often found choked with weeds. It is a most congenial habitat for mosquitoes. The district itself is notoriously unhealthy from its medico-topographical characteristics. Sickness and mortality were due to the conditions noted above, and to the generally poor physique of the people, whose economic condition is bad, and whose general health is far below par. The three workshops are very badly constructed: none of them have got a plinth of any height, and they are mostly exposed to rains and storms. These defects tell upon the health of the prisoners, few of whom are fit to bear any sort of exposure. As the place gets very much infested with mosquitoes during the rains, the prisoners living in the lower barrack should be provided with mosquito curtains, and all the sick prisoners in the hospital should be provided with the same throughout the year. The prisoners do not, as a rule, wash and clean their mouths properly: the use of charcoal powder for the purpose may be allowed. The cubic and superficial area allotted to each prisoner in the lower barrack ought to be the maximum allowable (100 square feet and 1,200 cubic feet), and dysenteric patients who are only allowed accommodation for ordinary prisoners, should have at least 100 square feet and 1,200 cubic feet.

**Midnapore.**—There was overcrowding more or less throughout the year, which was prevented by making the excess number of prisoners sleep in the workshops, the cell verandahs and the central tower. Ventilation in the old hospital buildings is not sufficient. Estimates have been submitted for allotment of funds to provide improved means of ventilation. The water-supply was scanty in the hot weather, when all the wells inside the jail always dry up. The drinking water had to be brought for about five months from the church well, the water of which was found (in a chemical examination) usable for drinking purposes. Fever and dysentery are the two diseases which have to be contended with in this jail. Dysentery is largely a food disease. Attention to the cooking and variation of food would largely reduce the incidence of the disease. A more generous diet should be allowed (more fish included), and particular care paid to cleanliness and to thorough cooking of the rations. The present kitchen is small and crowded, and so no proper supervision is really possible. The hospital kitchen is also too small and is badly ventilated: open sheds with *pucca* floor would be better. Fever is climatic: the provision of mosquito nets has been arranged, which may help. Chicken-pox accounts for 108 cases: these infectious diseases, when once introduced, are hard to check. There should be a separate ward for itch cases, and more care will be taken to disinfect the patient's clothes and bedding thoroughly before they return to the general file. The most important sanitary improvement effected during the year was the fixing of a new pump in the *pucca* well near the church, and laying pipes from this well to the jail reservoir, a distance of about a mile, and the construction of a corrugated shed for prisoners to work under, while pumping. The most important recommendation during the year was to provide for additional ventilation to the two old hospital buildings. Mosquito nets have been provided for all “fever cases” in the hospital. The nets are opened at lock-up and are closed again in the morning. It is too early to say whether this has effected any improvement in the number of cases of fever. The mud used for cleaning the cooking vessels and food dishes is now boiled before use, with a view to checking, if possible, the spread of dysentery.

**Darbhanga.**—There was temporary overcrowding in the female ward for four days in October, and for three days in November. The defects regarding ventilation have been remedied to a large extent. Ventilators have been put in the sleeping wards, and an arrangement has been made to enable the windows to be kept open. The latrines are low and badly ventilated; and the warders' quarters, female ward, and civil jail want more ventilation. As regards drainage, a scheme has been drawn up, and estimates submitted for the improvement of the whole of the present system. The well, from which water was obtained, was silted up in the early part of the year; and the admission from diarrhoea and dysentery suddenly rose. The silt was then removed, water being supplied from the well outside the jail. Bowel complaints were prevalent: the floods in the Sahana Serai, no doubt, affected the health of the jail. There were seven admissions and four deaths from pneumonia in the early months of the year, when the quadrennial repairs were being done. All these cases are attributable to the fact that the Public Works Department took up their work in half of the number of wards all at the same time, and the prisoners in those wards had to sleep in rooms the floors of which were kept damp to allow the plaster and cement to set.



TABLE XLIV—*continued.*

*ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY Jails. SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

UNITED PROVINCES OF AGRA AND OUDH.

**Allahabad District.**—The village of Malaka, which lies to the south-east of the jail and close to the warders' quarters, is in a very bad sanitary condition. The appearance of the malarial fever, dysentery and diarrhoea was due to the admission of prisoners suffering from malarial cachexia. Pneumonia was due to the prisoners being in camp throughout the winter season, and suffering from exposure to changes of temperature. The large number of admissions from abscess and ulcer was in a great measure due to the prisoners being in camp for about six months; because they were kept in fetters, and the irritation of the leg irons was the probable exciting cause. As regards cerebrospinal fever both the Sanitary Commissioner and the Chemical Examiner to Government were consulted, but could arrive at no definite conclusion as to its origin. It began in November 1901, and only ceased in March 1902. All the prisoners were kept in camp during this time. One case of plague (which recovered) occurred among the prisoners in camp. The *hawalat* and female barracks were provided with more iron gratings with a view to improve the ventilation. The walls of the inner circle were lowered to 8 feet. The new pattern of night latrine is under construction, which will be a great improvement. The night soil was incinerated outside the jail throughout the year. Every part of the jail was thoroughly disinfected and the roofs were kept opened up till June. The prisoners' clothing was stocked after boiling and carefully disinfected by carbolic acid. Owing to the epidemic of plague in the city an observation camp was open from October. All new admissions were kept outside for fourteen days. The disinfection of their clothing was carefully attended to.

**Karwi.**—Overcrowding lasted for 72 days throughout the year. Cases of dysentery were cases of simple entero-colitis caused by a change in diet and recovered within a week of admission into hospital. Similarly cases of intermittent malarial fevers were of ordinary type. The case of pyæmia was admitted suffering from an abscess on the head, and on *post-mortem* examination part of the skull bone was found necrosed. There is no separate room in the jail hospital to keep the contagious disease patients.

**Banda.**—There was no overcrowding. Five barracks for males and two for females have flat stone roofs, and are very hot indeed during May and June before the rains set in. They are accountable for two deaths from sunstroke this year. All water was boiled for drinking purposes, a Larymore's boiler being in use. The prisoners are, in the great majority of cases, in very poor health on admission. The number of deaths this year is the smallest for some time.

**Cawnpore.**—Overcrowding lasted for nine days in July and two days in August. There was no disease in the jails at all ascribable to defective hygiene, intrinsic or extrinsic.

**Mainpuri.**—Very slight overcrowding existed during the month of October. A large number of prisoners was sent direct to hospital on their admission to the jail. The condition of the prisoners on admission in the latter part of the year was poor.

**Dehra Dun.**—No overcrowding. There were no local conditions within the jail which would account for the malarial fever, and it was not of a severe type. The sanitary condition of the jail is moreover satisfactory, and there is no standing water in or around the jail from defective drainage.

**Saharanpur.**—There was overcrowding amongst all classes of prisoners from the 14th June to the 27th July and again from the 26th September to the 27th October. The overflow of the prisoners was accommodated in factories, until the overcrowding was relieved by transfers. The water-supply was tested from time to time by the Chemical Examiner, and reported free from contamination. The district is notoriously malarious. Malaria was the chief cause of sickness. The mortality was also to a large extent indirectly due to this cause, owing to the fact that many of the prisoners on admission into the jail were suffering from malarial cachexia, which had so undermined their constitution that they readily succumbed to the attacks of other diseases, such as dysentery and diarrhoea. The open drains passing through some of the barracks were lined with galvanised iron pipes and covered in. The ablution platforms were remodelled. A germ destructor was installed for the incineration of dysenteric stools. The floors of all the barracks were washed down with disinfectant (phenyle) solution once a week. The excessive prevalence of dysentery and the high mortality from this disease constitute an outstanding feature of the sick report of this jail for the year. It has been suggested above that much of the mortality from this cause was referable to the asthenic and anæmic condition of many of the prisoners who were overtaken by dysentery while suffering from malarial cachexia. It is difficult, however, to assign a cause for the unusual prevalence of the disease.

PUNJAB.

**Hissar.**—The jail was overcrowded for 181 days; when the *durree* and polishing sheds were used as temporary dormitories in addition to tents outside the jail. The malarious condition of the district, from which the prisoners are drawn, naturally affects the jail population and accounts for the large number of admissions from fever. The district was severely affected by cerebrospinal fever in the early part of the year, and the disease appeared in the jail in April and again in November and accounted for half the mortality. Beyond these two causes the sickness and mortality were not unusual; and the diseases were those common to all parts of the country and season of the year. New earthen glazed vessels were obtained from Lahore Central Jail after the first outbreak of cerebrospinal fever, the old ones being destroyed. The flooring of all the latrines was removed and fresh earth laid down. The wall-plaster of all the dormitories, sheds, and workshops and of the latrines attached to barracks was entirely removed and fresh plaster laid on. The prophylactic issue of quinine was again adopted and was of undoubted value in modifying the cases due to malaria.

**Lahore Central.**—Ague, as usual, was the chief cause of sickness. It was, however, well controlled by the issue of quinine during the autumn months. Dysentery is treated as due to a specific organism and to infection. The cases were, therefore, segregated, and the excreta burnt. Pneumonia has decreased in the jail, since greater attention was bestowed on the free ventilation of the sleeping barracks. Now with increased ventilation in the barracks and improved methods of disinfecting clothing, bedding, etc., there is every prospect of the mortality from pneumonia still further decreasing. There can be no doubt that the majority of prisoners who have shown symptoms or died from tubercle, contracted it whilst incarcerated in this jail. Therefore, the virus of this disease is flourishing in this locality. Whether it be in the barracks, dust, clothing or what not, it is present somewhere, and is giving rise to much sickness and mortality. The serious point in the medical history of the year is the infection of the jail with tuberculosis; and great efforts have been and are being made to fight the disease. The whole of the hospital buildings have been renovated, the hospital area laid down in lawns, to prevent dust, and the hospital clothing boiled most thoroughly every week. Every sleeping barrack and cell has been scraped bare of old plaster, and clay from outside the jail used to replace it. The floors have also been relaid. A tubercle ward with a view of giving thoroughly satisfactory open air treatment is nearing completion, and lastly, though most important of all, greatly increased lateral ventilation is being given to the sleeping barracks at a very heavy cost. These are some of the measures which are being taken to arrest the increase of tuberculosis.

(*Note by Inspector General of Prisons.*—The dormitories being insufficiently ventilated and their floors being of mud and their walls mud plastered, there are in existence factors calculated to produce sickness and mortality from diseases such as dysentery, pneumonia, and tuberculosis. There is also behind the jail a main drainage channel in which pools form, which may be so many breeding grounds for mosquitoes. These causes of disease have been removed as far as possible.)

**Jhang.**—Overcrowding lasted for 53 days. The wards for convicted prisoners were partially overcrowded. The prisoners in excess of the capacity were never shut up in any of the wards. The pressure on the accommodation of the buildings was relieved by placing prisoners in tents. The lateral ventilation of the barrack, cells, and hospital is defective. Measures to improve it are under the consideration of the Public Works Department. The mortality was apparently due to bad or indifferent health of the prisoners on admission into the



## PRISONERS, 1902.

### TABLE XLIV—*concluded.*

ABSTRACT of the SANITARY SHEETS of the UNHEALTHY JAILS. SANITARY DEFECTS, IMPROVEMENTS  
SUGGESTIONS, etc.

jails and to advanced age. The increase in admissions from fever and diarrhoea was probably due to climatic influences. The increase in admissions from diarrhoea in July and August was also to some extent due to the coarser cereals being given to the prisoners, because when wheat was issued instead the diarrhoea stopped. The barracks, the hospital and the walls of the jail enclosure were whitewashed; and the floor of the latrines was scraped and plastered. The wells were cleaned and treated with potassium permanganate. Sulphate of quinine was given to all the prisoners as a prophylactic against malarial fevers during the autumn months, and boiled water was also given to all the prisoners during the same period.

(Note by Inspector General of Prisons.—The defective ventilation of the barracks and inadequate ablutionary arrangements are probable causes of sickness.)

#### NORTH-WEST FRONTIER PROVINCE.

**Abbottabad.**—The female ward was only overcrowded on the 14th and 15th January, and the male ward on the 21st August.

The general sickness was due to climatic causes. No particular cause of the sickness was ascertained in any of the fatal cases which occurred.

#### BOMBAY.

**Ahmedabad Central.**—Overcrowding existed more or less in all the barracks during the rainy season, and in the jail as a whole throughout the year. Temporary sheds and tents were used from 1st January to 6th July and from 1st November to 31st December. The first case of cerebrospinal fever was imported into the jail from an infected locality; and afterwards, it appears, the disease spread through the agency of duststorms, which were very frequent during those months. Malaria was less prevalent during the year than in the preceding one. Pneumonia was due in many cases to exposure. Mumps occurred in an epidemic form from January to May. There were admissions all through the year from dysentery, and during the rains the number was greater than usual. As the drinking water has been declared unfit for potable purposes, it must have some causal relation with diarrhoea and dysentery. Eleven deaths occurred from tubercle of the lungs and most of the prisoners were in bad health at the time of their admission into the jail. A new additional ward has been built to increase the hospital capacity, accommodating 12 beds.

**Thana.**—Overcrowding lasted till the 23rd of September, except in the month of August. This might have had a prejudicial effect on the general health of prisoners. Two barracks were used as workshops in the daytime, but at night were occupied as dormitories. The chief factor in the causation of sickness and mortality is climatic. But prisoners are also admitted in a weak state of health, and are soon attacked with disease incidental to the unhealthy condition of prison life. Ridge ventilation has been provided in the contagious disease hospital, and the mud floor paved with stone. The moat around the prison had been filled in in 1901. Although precautionary measures had been in vogue since the previous year against the importation of plague into the prison, one case of the disease occurred in March among the prisoners. The victim had been employed on flower garden work, where one dead rat had been discovered a month before. The disease was then still prevalent in the town. A female prisoner developed genuine symptoms of cholera. On inquiry it appeared that that evening's meal had not agreed with her, and had caused symptoms of indigestion, which passed into cholera. It must be added that the disease was not then prevalent in the town or the several *talukas* of the district.

#### CENTRAL PROVINCES.

**Saugor.**—There was no overcrowding. The rains were not up to normal, and hence there was no flooding of mosquito puddles which consequently produced their full number of *anopheles* mosquitoes. There was great prevalence of malaria in the district this year. Bowel complaints must be considered to be a sequela of the long continued scarcity from which this district has suffered. A pump has been erected at one of the two wells within the jail.

TABLE XLV.

INFLUENZA by months, jails, groups, and administrations.

TABLE XLVI.

CHOLERA by months, jails, groups, and administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	7	10	6	3	...	...	...	...	...	...	...	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Akyab . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
GROUP I.—BURMA COAST AND BAY ISLANDS .	7	10	6	3	...	...	...	...	...	...	...	...	26	...	...	...	...	...	...	...	...	...	2	...	...	2
Myingyan Central . . .	...	...	...	11	29	...	...	...	...	...	...	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND .	...	...	...	11	29	...	...	...	...	...	...	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...
Cachar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
GROUP III.—ASSAM .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Backergunge . . . . .	...	...	...	...	...	...	...	38	...	...	...	...	38	...	...	...	...	...	...	...	...	...	...	1	...	1
Khulna . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central, Europeans .	...	...	...	...	...	...	1	2	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Natives .	...	5	4	4	1	...	...	14	...	...	...	...	28	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore Central . . . . .	16	18	3	5	72	44	7	6	9	12	4	15	211	...	...	...	...	1	...	...	...	...	...	1	...	2
Hooghly . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Faridpur . . . . .	3	...	1	...	1	4	1	7	7	...	...	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangpur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Midnapore Central . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP IV.—BENGAL AND ORISSA . . . . .	19	23	8	9	74	48	9	67	16	12	4	15	304	...	...	1	1	1	...	1	...	...	1	2	...	7
A																										
Purulia . . . . .	...	...	...	...	...	...	...	...	...	5	2	5	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Hazaribagh Central . . .	16	10	10	9	10	...	...	...	...	...	...	...	55	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Bhagulpur Central . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Monghyr . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Darbhanga . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Buxar Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Ghazipur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Azamgarh . . . . .	...	...	...	4	30	12	...	4	6	1	...	...	57	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad . . . . .	...	...	5	1	...	3	...	5	2	3	1	1	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaunpur . . . . .	...	1	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur . . . . .	...	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	12	...	...	...	12
Hamirpur . . . . .	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore . . . . .	11	11	13	27	12	11	17	13	15	3	...	...	133	...	...	...	...	...	...	...	...	...	...	...	...	...
Unao . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow Central . . . . .	...	...	...	...	17	...	...	...	...	...	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Hardoi . . . . .	...	1	2	10	1	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri . . . . .	...	...	5	3	1	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh District . . .	...	2	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR .	27	27	39	56	71	26	17	22	23	12	3	6	329	...	...	2	1	...	2	...	3	13	...	...	...	21
A																										
Bareilly District . . . .	1	...	7	1	...	1	3	...	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Bijnor . . . . .	...	...	1	2	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	9	...	1	8	2	4	1	1	...	...	3	2	31	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Mung Rasul Central . . .	...	...	15	19	3	...	...	...	...	...	...	1	38	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	10	...	24	30	5	5	4	1	...	...	3	3	85	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Ajmer . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—S.-E. RAJ-PUTANA, CENTRAL INDIA, AND GUJARAT . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...

\* Jails where neither Influenza nor Cholera occurred are not shown in these tables.  
For the annual ratios, see Table XLII.



# PRISONERS, 1902.

## TABLE XLV—concluded.

INFLUENZA by months, jails, groups, and administrations.

## TABLE XLVI—concluded.

CHOLERA by months, jails, groups and administrations.

JAILS, GROUPS AND AD- MINISTRATIONS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Jubbulpore Central . . .	...	...	44	5	...	...	...	...	...	...	...	...	49	...	...	...	...	...	...	...	...	...	...	...	...	...	
Raipur       "       . . .	...	12	13	2	...	...	...	...	...	...	...	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...	
Nagpur       "       . . .	...	...	...	...	9	36	...	...	...	4	...	...	49	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Amraoti Central . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yerrowda   "       . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP IX.—DECCAN	1	12	58	7	9	36	...	...	...	4	...	...	127	...	...	...	...	...	...	...	...	...	...	...	...	...	
Thana . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	
B																											
Palamcottah . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	3	
Madura . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	
GROUP XI.—SOUTHERN INDIA	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	4	
INDIA*	65	72	135	116	188	115	30	90	39	28	10	24	912	1	...	3	2	1	2	2	3	14	...	6	2	36	
ANDAMANS . . . . .	7	10	6	3	...	...	...	...	...	...	...	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...	
BURMA . . . . .	...	...	...	11	29	...	...	...	...	...	...	...	40	...	...	...	...	...	...	...	...	...	2	...	...	2	
ASSAM . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	
BENGAL . . . . .	35	33	18	18	84	48	9	67	16	17	6	20	371	...	...	3	2	1	2	1	...	...	...	1	12		
UNITED PROVINCES . . .	21	17	38	58	63	31	21	23	23	7	4	3	309	...	...	...	...	...	...	...	3	13	...	...	...	16	
PUNJAB . . . . .	...	...	15	19	3	...	...	...	...	...	...	1	38	...	...	...	...	...	...	...	...	...	...	...	...	...	
N.-W. F. PROVINCE . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
BOMBAY . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	
BERAR AND SECUNDERABAD	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
CENTRAL PROVINCES . . .	...	12	57	7	9	36	...	...	...	4	...	...	125	...	...	...	...	...	...	...	...	...	...	...	...	...	
MADRAS . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	4	

\*Including Ajmer.

TABLE XLVII.

ENTERIC FEVER by months, jails, groups, and administrations.

TABLE XLVIII.

SIMPLE CONTINUED FEVER by months, jails, groups, and administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mergui . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	4	..	..	..	..	..	..	..	8
Moulmein . . . . .	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1	..	1	..	..	..	..	..	..	1	2	5
Toungoo . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Rangoon Central, Europeans	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Do. do., Natives . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	..	7
Myaungmyo . . . . .	1	..	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Bassein Central . . . . .	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Akyab . . . . .	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	1	..	1	..	..	..	1	1	..	1	..	..	5	2	2	2	2	11	..	..	..	..	..	1	2	22
Magwe . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Myingyan Central . . . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Monywa . . . . .	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1
GROUP II.—BURMA INLAND . . . . .	..	..	..	..	1	..	1	..	..	..	..	..	2	1	..	..	..	1	..	..	..	..	..	..	..	2
Dacca Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Tippera . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	4	..	..	..	..	..	..	..	..	8
Jessore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Murshidabad . . . . .	..	..	..	1	1	2	..	..	..	..	..	..	4	1	..	..	..	..	..	..	..	..	..	..	..	1
Rajshahi Central . . . . .	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Dinajpur . . . . .	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Jalpaiguri . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	3
GROUP IV.—BENGAL AND ORISSA . . . . .	..	..	..	1	1	3	..	..	1	..	..	..	6	2	3	2	4	..	..	..	..	..	..	1	2	14
A	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	2
Purulia . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	3
Hazaribagh Central . . . . .	..	..	..	..	..	1	4	3	6	2	..	..	16	..	..	..	..	..	..	..	..	..	..	..	..	..
B	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Bhagulpur Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	10	9	..	31
Patna . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Arrah . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	4	..	5
Korantadih . . . . .	..	..	..	..	..	..	..	..	1	1	..	..	2	..	..	1	..	..	..	..	..	..	..	..	..	1
Rai Bareli . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Mirzapur . . . . .	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Allahabad Central . . . . .	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Hamirpur . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	3
Unao . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	4	4	1	..	1	..	..	..	..	..	12
Mainpuri . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	3	..	1	..	7
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	..	..	..	..	..	1	4	3	7	6	..	..	21	2	6	7	5	2	..	4	..	12	13	13	1	65
A	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	2
Bulandshahr . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Moradabad . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	10	4	..	..	..	..	..	..	24
Muzaffarnagar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..	3
Meerut . . . . .	..	..	1	5	..	..	..	..	1	1	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..
Rohtak . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	..	..	3
Jullundur . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ferozepore . . . . .	..	..	..	..	..	1	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Lahore Central . . . . .	..	..	1	..	..	1	1	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Gurdaspur . . . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Sialkot . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	3
Rawalpindi . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	..	1	3	5	..	2	1	..	2	1	..	..	15	2	1	1	1	11	10	4	2	1	3	..	..	36

\* Jails where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table XLII.



TABLE XLVII—concluded.

ENTERIC FEVER by months, jails, groups, and administrations.

TABLE XLVIII—concluded.

SIMPLE CONTINUED FEVER by months, jails, groups, and administrations.

JAILS, GROUPS, AND AD- MINISTRATIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
<b>A</b>																											
Bannu . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	7	3	4	..	..	..	..	..	..	..	20
Jhang . . . . .	..	..	I	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	..	..	..	..	..	..	
Dera Ismail Khan . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	
<b>C</b>																											
Kurrachee . . . . .	..	..	..	..	..	..	I	I	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	
GROUP VII.—N.-W. FRON- TIER, INDUS VALLEY, AND N.-W. RAJPUTANA . . .																											
..	..	..	I	..	..	..	I	I	..	..	..	..	3	..	..	6	7	3	4	I	..	..	..	..	..	21	
<b>B</b>																											
Jhansi . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	I	2	..	I	..	..	..	..	..	..	..	..	4	
GROUP VIII.—S.-E. RAJ- PUTANA, CENTRAL INDIA, AND GUJARAT . . .																											
..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	2	..	I	..	..	..	..	..	..	..	..	4	
<b>A</b>																											
Sambalpur . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	..	I	
Raipur Central . . . .	I	..	..	..	I	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	
Nagpur Central . . . .	..	..	..	..	I	..	..	..	..	..	..	..	I	..	..	..	..	15	13	2	..	..	..	..	..	30	
<b>B</b>																											
Secunderabad . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	..	..	I	
Amraoti Central . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	..	..	..	..	..	..	..	..	..	5	
Yerrowda Central . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	I	..	..	..	..	..	..	2	
Bijapur . . . . .	..	..	..	..	..	..	I	..	..	..	..	..	I	..	..	..	..	..	..	..	..	..	..	..	..	..	
Deccan Gang . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	I	..	..	..	..	..	..	..	7	
GROUP IX.—DECCAN . . .																											
I	..	..	..	..	2	..	I	..	..	..	..	..	4	..	2	4	7	17	14	2	..	..	..	..	..	46	
<b>A</b>																											
Thana . . . . .	..	..	..	..	..	I	I	..	..	..	..	..	2	..	..	..	I	..	2	..	..	..	..	..	..	3	
Karwar . . . . .	..	..	..	..	..	..	..	2	I	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	
Mangalore . . . . .	..	..	..	..	..	..	..	I	..	..	..	I	2	..	..	..	..	..	..	..	..	..	..	..	..	..	
Cannanore Central . . .	I	..	I	..	..	..	..	I	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	
GROUP X.—WESTERN COAST . . .																											
I	..	I	..	..	..	I	I	4	I	..	..	I	10	..	..	..	I	..	2	..	..	..	..	..	..	3	
<b>A</b>																											
Bellary . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	3	I	..	..	..	5	
Coimbatore Central . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	I	4	..	3	13	6	3	34	
<b>B</b>																											
Palamcottah . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	I	
Madura . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	I	I	I	..	..	..	..	..	..	I	..	..	4	
Tanjore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	..	..	..	..	I	
Vellore Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	20	15	8	6	8	3	7	4	5	13	16	16	121	
Madras Penitentiary, Central . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	..	..	..	..	I	
Nellore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	5	12	6	5	2	..	2	4	9	I	..	..	46	
Rajamundry Central . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	I	
Berhampur . . . . .	..	..	..	..	..	..	..	I	..	..	..	..	I	..	..	..	..	..	..	..	..	..	..	..	..	..	
GROUP XI.—SOUTHERN INDIA . . .																											
..	..	..	..	..	..	..	..	I	..	..	..	..	I	28	28	16	13	13	4	14	11	18	28	22	19	214	
<b>A</b>																											
Darjeeling . . . . .	..	..	..	..	..	..	I	..	..	..	..	..	I	..	..	I	..	..	..	..	..	..	..	..	..	7	
Almora . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
Abbotabad . . . . .	..	..	I	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	..	..	..	..	..	..	
Russellkonda . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	I	..	..	..	..	4	
<b>B</b>																											
..	..	..	I	..	..	..	I	..	..	..	..	..	2	..	..	I	..	..	..	6	6	..	..	..	..	13	
<b>INDIA</b>																											
3	I	7	6	4	7	11	10	11	8	..	I	69	38	44	39	41	58	34	31	19	31	44	37	24	440		
<b>ANDAMANS</b>																											
BURMA . . . . .	I	..	I	..	I	..	2	I	..	I	..	..	7	3	2	2	2	12	..	..	..	..	..	I	2	24	
ASSAM . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
BENGAL . . . . .	..	..	..	I	I	4	5	3	7	3	..	..	24	3	8	3	4	..	..	I	5	12	10	10	2	58	
UNITED PROVINCES . . .	..	..	I	..	..	..	..	..	I	3	..	..	5	2	4	7	7	13	10	10	2	..	3	4	I	63	
PUNJAB . . . . .	..	I	3	5	..	2	I	..	2	I	..	..	15	2	..	I	..	..	..	..	..	I	3	..	..	7	
<b>NORTH-WEST FRONTIER PROVINCE . . . . .</b>																											
..	..	..	I	..	..	..	..	..	..	..	..	..	I	..	..	6	7	3	4	I	..	..	..	..	..	21	
BOMBAY . . . . .	..	..	..	..	..	I	3	3	I	..	..	..	8	..	..	..	7	2	3	..	..	..	..	..	..	12	
BERAR AND SECUNDERABAD . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	..	..	..	..	..	..	..	..	..	6	
CENTRAL PROVINCES . . .	I	..	..	..	2	..	..	..	..	..	..	..	3	..	..	..	I	15	13	2	..	..	..	..	..	31	
MADRAS . . . . .	I	..	I	..	..	..	..	3	..	..	..	I	6	28	28	16	13	13	4	17	12	18	28	22	19	218	



TABLE XLIX.

INTERMITTENT FEVER by months, jails, groups, and administrations.

TABLE L.

REMITTENT FEVER by months, jails, groups, and administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Port Blair . . .	647	526	732	1,271	1,765	2,481	1,952	1,213	925	848	810	734	13,904	17	11	15	15	33	23	6	5	6	8	3	6	148
Mergui . . .	...	...	1	...	...	4	...	4	...	1	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Tavoy . . .	...	...	...	1	1	1	...	1	3	1	1	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein . . .	2	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	1	1	1	1	...	...	...	...	4
Shwegyin . . .	...	...	...	1	...	3	4	...	2	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungoo . . .	1	3	1	...	...	2	...	1	...	...	...	2	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon Central, Europeans . . .	1	...	...	...	...	1	...	...	...	1	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon Central, Natives . . .	25	7	13	11	14	49	69	47	18	21	32	29	335	...	1	...	...	3	...	...	...	...	...	...	...	4
Maubin . . .	2	2	4	2	...	5	2	4	2	3	3	4	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Myaungmyo . . .	27	24	11	5	4	1	1	4	15	46	75	51	264	6	2	...	...	1	1	...	...	1	7	4	22	
Bassein Central . . .	...	...	...	...	...	...	...	...	...	...	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Insein „ . . .	9	17	11	7	14	26	17	10	9	10	29	13	172	...	...	...	...	...	...	...	...	...	...	...	...	...
Henzada . . .	...	...	2	...	...	9	5	5	3	2	2	4	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Myanaung . . .	...	...	...	...	4	1	...	...	...	3	...	2	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Sandoway . . .	...	1	3	2	1	1	...	1	...	1	1	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu . . .	...	4	...	1	...	2	2	2	7	3	1	1	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Akyab . . .	1	8	11	8	12	48	52	49	21	34	25	23	292	...	...	...	1	...	...	3	1	...	...	...	...	5
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	715	583	789	1,309	1,815	2,634	2,104	1,341	1,005	974	981	866	15,126	23	14	15	15	38	24	8	9	8	9	10	10	183
Paungdi . . .	...	...	...	...	1	2	1	...	1	2	2	1	10	...	...	...	...	...	...	...	1	...	...	...	...	1
Prome . . .	...	...	...	...	1	...	1	2	3	5	7	11	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo Central . . .	1	2	...	2	1	8	9	...	2	...	...	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Magwe . . .	...	...	...	...	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1
Minbu . . .	1	...	3	1	2	...	4	1	2	2	2	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . .	2	1	3	3	1	...	2	1	1	1	2	2	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan . . .	...	...	...	...	...	...	...	...	2	2	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Myingyan Central . . .	5	13	18	6	2	...	8	12	2	8	2	1	77	2	3	...	...	2	1	...	...	...	...	...	...	8
Mandalay „ . . .	6	6	12	10	7	13	25	14	23	34	25	24	199	...	...	...	...	...	...	...	...	...	...	...	...	...
Monywa . . .	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo . . .	...	2	...	...	1	1	1	...	5	1	1	1	13	...	...	1	1	1	...	...	...	...	...	...	...	3
Bhamo . . .	...	...	...	1	1	...	...	7	...	4	1	2	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Katha . . .	1	1	...	1	...	...	...	1	...	4	...	1	9	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . .	16	25	36	25	17	24	52	40	41	63	42	43	424	2	3	...	2	3	1	1	...	1	...	...	...	13
Cachar . . .	1	2	...	1	1	1	1	2	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Sibsagar . . .	...	1	...	...	4	...	2	3	...	1	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh . . .	1	1	...	2	...	...	1	4	4	2	3	1	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur . . .	3	4	3	4	1	7	7	4	7	11	2	2	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong . . .	3	1	5	4	1	...	4	3	9	4	...	2	36	...	...	...	...	...	...	...	...	...	...	...	...	...
Gauhati . . .	2	...	1	...	...	2	2	3	3	1	2	1	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhubri . . .	...	...	3	...	1	1	...	...	1	...	1	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Sylhet . . .	19	15	19	13	27	28	29	43	17	11	6	5	232	...	...	1	...	1	1	...	...	3	1	...	...	7
GROUP III.—ASSAM . . .	29	24	31	24	35	39	46	62	41	30	14	11	386	...	...	1	...	1	1	...	...	3	1	...	...	7
Mymensingh . . .	12	13	12	13	14	25	41	18	16	18	18	28	228	...	...	...	...	...	...	...	...	...	...	...	...	...
Dacca Central . . .	7	17	14	10	43	9	20	21	21	16	12	20	210	...	...	...	...	...	...	...	...	...	...	...	...	...
Tippera . . .	1	2	2	...	7	2	4	19	1	2	4	...	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Chittagong . . .	17	12	11	23	20	27	20	18	19	18	13	17	215	...	...	...	...	...</								



## PRISONERS, 1902.

TABLE XLIX—*continued.*

*INTERMITTENT FEVER by months, jails, groups, and administrations.*

TABLE L—*continued.*

*REMITTENT FEVER by months, jails, groups, and administrations.*

JAILS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
<b>A</b>																										
Chaibassa . . . . .	...	5	4	7	9	9	12	15	7	7	25	13	113	1	...	...	1	...	2	...	...	...	...	...	...	4
Purulia . . . . .	2	...	5	11	12	7	6	2	11	12	2	...	70	...	1	...	1	...	...	...	...	...	...	...	...	3
Ranchi . . . . .	...	...	2	1	1	7	2	1	5	2	...	1	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Palamau . . . . .	...	...	1	5	2	4	6	4	3	2	6	3	36	...	...	...	...	...	...	...	...	...	...	...	...	...
Hazaribagh Central	2	4	...	5	19	30	26	39	33	55	41	20	274	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>B</b>																										
Gaya . . . . .	20	8	11	6	6	3	13	15	10	14	16	9	131	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhagalpur Central	5	7	6	9	19	14	17	31	37	33	19	7	204	...	...	...	...	...	...	...	...	...	...	...	...	...
Monghyr . . . . .	3	2	...	3	...	2	...	3	9	15	7	...	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Darbhanga . . . . .	4	3	4	2	2	1	8	4	13	5	3	1	50	...	...	...	...	...	...	...	...	...	...	...	...	...
Champarun . . . . .	2	1	5	7	1	1	3	8	7	2	3	2	42	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarpur . . . . .	5	9	4	7	6	7	8	12	10	5	12	3	88	...	...	1	...	1	1	1	1	3	2	...	5	15
Patna . . . . .	2	2	2	2	5	10	7	22	1	...	...	5	58	...	...	...	1	...	...	1	...	...	...	...	...	2
Arrah . . . . .	1	...	2	2	1	...	3	4	2	4	1	2	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Chapra . . . . .	...	1	4	3	12	6	1	20	16	22	8	2	95	...	...	...	...	...	...	...	...	...	...	...	...	...
Buxar Central	74	67	90	170	152	122	163	261	453	185	145	209	2,091	...	...	...	...	1	...	1	...	...	...	...	...	2
Korantadih . . . . .	1	...	1	...	1	1	1	...	...	...	...	...	5	...	1	2	...	...	...	...	...	...	...	...	...	2
Ghazipur . . . . .	3	2	...	3	5	8	3	5	9	22	7	6	73	...	...	...	...	...	...	...	...	...	...	...	...	...
Azamgarh . . . . .	3	2	3	1	1	4	3	3	6	16	7	5	54	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasia . . . . .	...	...	...	1	...	...	...	...	2	...	...	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Gorakhpur . . . . .	6	5	3	5	5	2	4	10	16	9	24	13	102	...	...	...	...	...	...	...	...	...	...	...	...	...
Basti . . . . .	5	6	4	3	4	2	2	6	5	9	3	4	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad . . . . .	12	9	15	9	14	9	9	12	16	19	9	9	142	...	...	...	...	...	...	...	...	...	...	...	...	...
Sultanpur . . . . .	1	4	10	9	9	9	9	10	4	11	5	1	82	...	...	...	...	...	...	...	...	...	...	...	...	...
Rai Bareilly . . . . .	4	1	6	6	8	8	4	8	20	9	6	3	83	...	...	...	...	...	...	...	...	...	...	...	...	...
Partabgarh . . . . .	3	1	5	7	1	...	1	...	2	10	4	2	36	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaunpur . . . . .	6	4	5	4	...	3	6	5	6	12	10	5	66	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares Central	18	13	16	25	16	7	7	43	64	80	60	46	395	...	...	...	...	...	...	...	...	...	...	...	...	...
„ District	2	2	2	3	3	2	2	6	2	7	10	9	50	...	...	...	...	...	...	...	...	...	...	...	...	...
Mirzapur . . . . .	4	4	1	4	2	2	1	2	8	21	21	6	76	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad Central	15	11	33	17	19	23	30	35	51	70	31	6	341	...	...	...	...	...	...	...	...	...	...	...	...	...
„ District	17	7	4	4	5	1	5	3	5	17	8	1	77	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwi . . . . .	...	...	1	1	...	2	...	...	5	2	3	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Banda . . . . .	12	3	9	4	13	9	7	13	31	27	34	13	175	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur . . . . .	4	9	9	9	3	2	6	34	22	45	24	11	178	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamirpur . . . . .	1	1	1	3	1	5	1	9	2	10	16	3	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Orai . . . . .	1	5	2	1	4	11	2	9	11	25	8	3	82	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore . . . . .	...	3	...	4	...	...	...	24	...	15	6	6	58	...	...	...	...	...	...	...	...	...	...	...	...	...
Unao . . . . .	...	...	...	2	...	1	1	4	27	20	2	2	59	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow Central	7	5	11	14	9	8	4	13	6	22	10	1	110	...	...	1	...	...	...	...	...	...	...	...	...	1
„ District	...	...	1	1	...	2	3	2	3	2	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Barabanki . . . . .	1	1	2	5	3	3	2	11	3	13	10	5	59	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonda . . . . .	5	8	10	11	2	1	2	4	12	3	5	7	70	...	...	...	1	...	1	...	...	...	...	...	...	2
Bahraich . . . . .	4	2	13	4	5	7	5	3	2	7	2	1	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Kheri . . . . .	2	7	9	8	7	5	8	4	3	7	4	3	67	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur . . . . .	2	2	10	12	24	11	3	5	2	13	2	1	87	...	...	...	...	2	...	...	...	...	...	...	...	2
Hardoi . . . . .	6	2	5	1	4	3	7	14	7	11	6	1	67	...	...	...	...	...	...	...	...	...	...	...	...	...
Etawah . . . . .	4	2	4	2	2	4	1	1	12	6	2	1	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri . . . . .	1	2	10	17	8	12	2	11	10	34	30	48	185	...	...	...	...	...	...	...	...	...	...	...	...	5
Etah . . . . .	8	9	10	7	27	6	8	25	18	21	11	7	157	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh Central	20	21	28	35	44	13	25	60	73	61	25	21	426	...	...	...	...	...	...	...	...	...	...	...	...	...
„ District	1	6	6	8	5	...	3	21	17	14	9	1	91	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR</b>	299	268	389	490	501	409	452	857	1,098	1,034	704	530	7,031	1	3	4	4	4	4	2	4	3	3	1	6	39
<b>A</b>																										
Shahjahanpur . . . . .	15	19	20	15	23	19	20	17	18	15	8	4	193	...	...	...	...	...	...	...	...	...	...	...	...	...
Pilibhit . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly Central	17	42	48	36	30	19	22	29	37	29	25	21	355	...	...	...	...	...	...	...	...	...	...	...	...	...
„ District	40	41	31	24	16	29	31	39	23	12	11	7	304	...	...	...	...	...	...	...	...	...	...	...	...	...
Budaon . . . . .	3	3	1	5	5	1	2	8	5	8	10	12	63	...	...	...	...	...	...	...	...	...	...	...	...	...
Aligarh . . . . .	7	3	3	5	6	1	4	14	22	34	17	6	122	...	...	...	...	...	...	...	...	...	...	...	...	...
Bulandshahr . . . . .	5	4	3	7	2	2	4	6	15	9	3	5	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Moradabad . . . . .	6	3	1	2	3	3	1	6	10	21	25	21	102	...	...	1	...	...	...	...	...	...	...	...	...	1
Bijnor . . . . .	5	6	9	29	17	1	11	10	11	12	4	4	119	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun . . . . .	2	...	...	1	3	1	1	5	3	3	...	1	20	...	...	...	...	...	...	...	...	...	...	...	...	...
Saharanpur . . . . .	5	1	1	3	11	11	7	41	55	36	39	11	221	...	...	2	...	1	3	...	...	...	...	...	...	7
Muzaffarnagar . . . . .	3	8	5	2	5	...	...	24	39	22	12	5	125	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	9	2	2	4	8	10	17	46	94	89	61	48	390	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi . . . . .	11	9	7	12	29	24	15	44	37	33	27	19	267	...	...	...	...	...	...	...	...	...	...	...	...	...
Rohtak . . . . .	3	6	2	19	14	9	9	16	34	33	24	10	179	...	...	...	...	...	...	...	...	...	...	...	...	...
Hissar . . . . .	1	1	3	45	32	8	9	7	9	14	40	14	183	...	...	...	...	2	6	...	2	...	1	...	...	11
Karnal . . . . .	3	2	3	6	3	3	7	5	7	8	5	1	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa . . . . .	9	12	22	12	3	10	32	107	67	43	36	16	369	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>B</b>																										
Ludhiana . . . . .	7	6	2	10	5	6	9	13	10	23	11	10	112	...	...	2	1	...	...	...	...	...	...	...	...	...
Hoshiarpur . . . . .	1																									



RAILS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Peshawar . . . . .	3	12	4	9	10	5	8	14	20	28	22	7	142	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat . . . . .	6	5	1	4	6	6	8	10	9	14	17	3	89	...	...	...	...	...	...	...	...	...	...	...	...	...
Bannu . . . . .	4	4	...	...	1	...	...	2	5	10	6	1	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Shahpur . . . . .	...	1	3	1	5	3	7	7	10	14	13	5	69	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhang . . . . .	4	32	27	8	8	9	21	14	4	15	20	19	181	...	...	...	...	...	...	...	...	...	...	...	...	...
Montgomery Central	48	33	26	21	34	28	47	30	16	35	101	74	493	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan Central . .	30	14	39	35	31	31	37	22	20	38	25	43	365	...	...	1	...	...	...	...	...	...	...	...	...	1
„ District . . . .	31	42	39	16	13	7	33	12	18	18	10	16	255	...	1	...	...	...	...	...	...	...	...	...	...	3
Dera Ismail Khan .	30	10	12	15	27	20	38	20	5	13	45	24	259	...	1	...	...	...	...	...	2	...	...	...	...	1
Dera Ghazi Khan .	14	12	15	6	4	1	...	...	...	14	28	18	112	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>C</b>																										
Shikarpur . . . . .	7	6	8	7	13	8	3	12	8	17	9	6	104	...	...	...	...	...	...	...	...	...	...	...	...	...
Sind Gang . . . . .	8	4	1	5	12	4	2	4	15	29	12	1	97	...	...	...	...	...	2	...	...	...	...	...	...	...
Hyderabad Central	3	5	4	10	1	...	10	6	6	17	30	9	101	...	...	...	...	...	...	...	...	...	...	...	...	2
Kurrachee . . . . .	2	3	1	9	2	4	6	8	4	1	19	4	63	...	...	...	...	...	...	...	...	...	...	1	...	1
<b>GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA .</b>	190	183	180	146	167	126	220	161	140	263	357	230	2,363	...	2	1	...	...	2	...	2	...	...	1	...	8
<b>A</b>																										
Rajkot . . . . .	8	2	1	1	1	1	2	2	5	3	4	5	35	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad Central	16	8	13	7	5	9	8	11	7	15	18	9	126	...	3	...	...	...	...	...	...	...	...	1	1	5
<b>B</b>																										
Ajmer . . . . .	3	2	7	7	3	4	9	7	6	14	5	2	69	...	...	...	...	...	...	...	...	...	...	...	...	...
Muttra . . . . .	...	4	6	2	7	4	4	12	12	5	4	4	64	2	...	1	...	...	...	...	...	...	...	...	...	3
Agra Central . . . .	65	42	61	75	65	54	49	77	87	126	264	79	1,044	...	...	...	...	...	...	...	...	...	...	...	...	...
„ District . . . .	11	11	9	18	30	12	8	11	15	40	108	27	300	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi . . . . .	5	2	1	1	5	1	5	8	10	20	6	4	68	...	...	...	...	...	...	...	...	...	...	...	...	...
Lalitpur . . . . .	...	2	2	1	3	5	3	2	7	5	1	1	32	...	...	...	1	...	...	...	...	...	...	...	...	1
<b>GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . .</b>	108	73	100	112	119	90	88	130	149	228	410	131	1,738	2	3	1	1	...	...	...	...	...	...	1	1	9
<b>A</b>																										
Damoh . . . . .	...	...	1	...	2	2	1	...	...	...	...	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Saugor . . . . .	1	5	3	...	1	1	1	12	10	35	13	6	88	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore Central	17	36	4	16	7	9	35	46	74	121	48	34	447	...	...	...	...	1	...	...	...	...	...	...	...	1
Narsinghpur . . . .	1	...	1	...	1	...	1	1	2	6	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandla . . . . .	...	1	5	...	...	3	4	8	3	3	1	2	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur . . . . .	1	1	...	1	2	...	2	1	10	6	2	...	26	...	...	1	1	...	...	...	...	...	...	...	...	2
Sambalpur . . . . .	...	1	2	13	1	...	2	5	4	1	...	1	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Raipur Central . . .	32	17	12	28	21	18	30	25	29	58	40	6	316	...	...	...	...	...	...	...	...	...	...	...	...	...
Balaghat . . . . .	1	1	1	2	...	2	1	7	8	4	3	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Seoni . . . . .	...	1	4	...	...	...	3	1	1	1	3	3	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Chhindwara . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshangabad . . . .	5	1	18	15	3	2	...	2	8	16	9	3	83	...	...	...	...	...	...	...	...	...	...	...	...	...
Nimar . . . . .	1	2	2	1	...	...	...	1	1	3	1	1	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Betul . . . . .	2	2	1	6	4	1	4	5	2	2	2	1	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur Central . . .	10	14	7	3	5	2	15	21	47	62	29	14	229	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhandara . . . . .	...	2	...	...	2	...	1	3	4	5	1	1	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Wardha . . . . .	...	...	...	1	1	...	...	3	7	7	3	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Chanda . . . . .	3	6	1	...	2	1	7	...	7	1	2	5	35	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>B</b>																										
Secunderabad . . . .	1	1	2	...	...	...	1	2	4	4	2	3	20	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeotmahl . . . . .	1	1	1	...	...	...	...	...	...	1	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Amraoti Central . .	5	5	4	5	13	8	2	22	57	51	23	3	198	...	...	...	...	...	...	...	...	...	...	...	...	...
Ellichpur . . . . .	1	...	...	...	...	...	3	...	4	3	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Akola Central . . . .	4	13	5	3	2	3	16	19	46	32	39	38	220	...	...	1	...	...	...	...	...	...	...	...	...	1
Basim . . . . .	...	...	...	1	...	...	1	1	...	1	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Buldana . . . . .	1	...	2	1	...	...	1	2	2	...	1	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhulia . . . . .	9	3	9	7	2	4	4	4	7	7	2	4	62	...	...	...	...	...	...	...	...	...	...	...	...	...
Yerrowda Central . .	98	64	37	25	19	30	53	22	13	7	69	32	469	...	...	...	...	...	...	...	...	...	...	...	...	...
Bijapur . . . . .	1	4	5	2	6	1	1	10	22	19	10	4	85	...	...	...	...	...	...	...	1	2	...	...	...	...
Deccan Gang . . . .	4	...	11	2	13	16	15	64	37	41	36	25	264	...	...	...	...	7	2	61	50	12	5	...	...	3
Dharwar . . . . .	4	...	2	6	4	5	14	9	9	6	4	1	64	2	2	2	3	4	1	4	1	...	...	...	...	137
<b>GROUP IX.—DECCAN .</b>	203	181	140	138	111	108	219	296	418	504	345	188	2,851	2	2	3	4	5	8	6	63	52	12	5	...	163
<b>A</b>																										
Thana . . . . .	13	13	9	6	10	10	17	11	12	17	16	11	145	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay Common . .	1	2	3	...	4	...	...	2	2	3	7	2	26	...	...	...	...	...	...	...	...	...	...	...	...	...
„ House of Correction	9	19	6	10	9	3	14	23	13	5	3	1	115	...	...	...	1	...	...	...	...	...	...	...	...	1
Ratnagiri . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwar . . . . .	...	...	2	...	3	3	3	4	3	3	2	...	23	...	...	1	...	...	...	...	...	1	...	...	...	2
Mangalore . . . . .	...	...	...	...	...	1	1	1	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore Central	7	1	7	5	3	9	5	4	7	3	2	2	55	...	...	...	...	...	...	...	...	...	1	...	...	1
<b>GROUP X.—WEST-ERN COAST .</b>	30	35	27	21	29	26	41	45	38	31	30	16	369	...	...	1	1	...	...	...	...	...	1	1	...	4



# PRISONERS, 1902.

## TABLE XLIX—concluded.

INTERMITTENT FEVER by months, jails, groups, and administrations.

## TABLE L—concluded.

REMITTENT FEVER by months, jails, groups, and administrations.

JAILS, GROUPS AND ADMINIS- TRATIONS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Bellary . . . . .	15	6	3	3	1	3	13	2	3	5	4	6	64	...	...	...	...	...	...	...	...	...	...	...	...	...
Salem Central . . .	...	1	1	1	3	5	4	2	4	9	3	5	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Coimbatore Central .	5	2	...	4	1	8	4	6	5	6	6	5	52	1	...	...	1	2	2	2	1	...	...	...	...	9
<b>B</b>																										
Palamcottah . . . .	...	...	...	1	...	...	...	1	...	1	4	4	11	...	...	...	...	...	...	...	...	...	1	...	...	1
Madura . . . . .	4	1	2	3	10	3	1	2	3	3	3	3	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly Central	10	10	12	13	8	9	47	8	11	22	30	28	208	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore . . . . .	...	1	...	...	...	1	2	...	...	...	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuddalore . . . . .	...	3	1	6	1	3	...	...	1	...	1	3	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Vellore Central . . .	1	1	...	...	2	1	...	...	1	1	1	2	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Peniten- tiary, Central . . .	8	4	9	5	10	7	7	1	13	8	14	18	104	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore . . . . .	1	1	3	2	1	...	2	...	...	5	1	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>C</b>																										
Rajamundry Central	82	58	82	38	25	22	9	4	25	19	17	18	399	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizagapatam . . . .	2	2	2	2	1	2	1	...	1	1	...	4	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Berhampur . . . . .	1	8	8	5	6	4	14	2	1	5	4	1	59	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP XI.— SOUTHERN INDIA . . . . .</b>	<b>129</b>	<b>98</b>	<b>123</b>	<b>83</b>	<b>69</b>	<b>68</b>	<b>104</b>	<b>28</b>	<b>68</b>	<b>85</b>	<b>89</b>	<b>97</b>	<b>1,041</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>10</b>
<b>Shillong . . . . .</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>8</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>4</b>
<b>Darjeeling . . . . .</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>32</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>Almora . . . . .</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>...</b>	<b>...</b>	<b>14</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>Pauri . . . . .</b>	<b>...</b>	<b>...</b>	<b>2</b>	<b>2</b>	<b>...</b>	<b>2</b>	<b>2</b>	<b>...</b>	<b>2</b>	<b>1</b>	<b>...</b>	<b>1</b>	<b>12</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>Dharmasala . . . . .</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>2</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>Abbotabad . . . . .</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>...</b>	<b>...</b>	<b>16</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>Quetta . . . . .</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>44</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>Mercara . . . . .</b>	<b>2</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>5</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>Russellkonda . . . .</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>8</b>	<b>13</b>	<b>30</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
<b>GROUP XII.— HILLS . . . . .</b>	<b>10</b>	<b>5</b>	<b>9</b>	<b>7</b>	<b>9</b>	<b>15</b>	<b>16</b>	<b>12</b>	<b>19</b>	<b>20</b>	<b>17</b>	<b>24</b>	<b>163</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>4</b>
<b>INDIA* . . . . .</b>	<b>2,465</b>	<b>2,071</b>	<b>2,428</b>	<b>3,065</b>	<b>3,547</b>	<b>4,112</b>	<b>4,146</b>	<b>4,222</b>	<b>4,362</b>	<b>4,641</b>	<b>4,223</b>	<b>3,099</b>	<b>42,381</b>	<b>32</b>	<b>32</b>	<b>31</b>	<b>31</b>	<b>56</b>	<b>49</b>	<b>31</b>	<b>85</b>	<b>72</b>	<b>31</b>	<b>24</b>	<b>20</b>	<b>494</b>
<b>ANDAMANS . . . . .</b>	<b>647</b>	<b>526</b>	<b>732</b>	<b>1,271</b>	<b>1,765</b>	<b>2,481</b>	<b>1,952</b>	<b>1,213</b>	<b>925</b>	<b>848</b>	<b>810</b>	<b>734</b>	<b>13,904</b>	<b>17</b>	<b>11</b>	<b>15</b>	<b>15</b>	<b>33</b>	<b>23</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>6</b>	<b>148</b>
<b>BURMA . . . . .</b>	<b>84</b>	<b>92</b>	<b>93</b>	<b>63</b>	<b>67</b>	<b>177</b>	<b>204</b>	<b>168</b>	<b>121</b>	<b>189</b>	<b>213</b>	<b>175</b>	<b>1,646</b>	<b>8</b>	<b>6</b>	<b>...</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>48</b>
<b>ASSAM . . . . .</b>	<b>29</b>	<b>25</b>	<b>31</b>	<b>24</b>	<b>37</b>	<b>40</b>	<b>49</b>	<b>62</b>	<b>41</b>	<b>30</b>	<b>15</b>	<b>11</b>	<b>394</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>...</b>	<b>3</b>	<b>1</b>	<b>...</b>	<b>11</b>
<b>BENGAL . . . . .</b>	<b>364</b>	<b>328</b>	<b>356</b>	<b>435</b>	<b>462</b>	<b>460</b>	<b>638</b>	<b>896</b>	<b>1,020</b>	<b>806</b>	<b>851</b>	<b>619</b>	<b>7,235</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>7</b>	<b>51</b>
<b>UNITED PROVINCES</b>	<b>377</b>	<b>352</b>	<b>454</b>	<b>484</b>	<b>495</b>	<b>363</b>	<b>370</b>	<b>773</b>	<b>948</b>	<b>1,160</b>	<b>1,015</b>	<b>514</b>	<b>7,305</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>...</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>25</b>
<b>PUNJAB . . . . .</b>	<b>504</b>	<b>371</b>	<b>415</b>	<b>470</b>	<b>426</b>	<b>321</b>	<b>468</b>	<b>636</b>	<b>684</b>	<b>818</b>	<b>655</b>	<b>655</b>	<b>6,423</b>	<b>...</b>	<b>3</b>	<b>2</b>	<b>...</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>26</b>
<b>N.-W. F. PROV- INCE . . . . .</b>	<b>44</b>	<b>32</b>	<b>20</b>	<b>29</b>	<b>45</b>	<b>32</b>	<b>55</b>	<b>48</b>	<b>40</b>	<b>69</b>	<b>90</b>	<b>35</b>	<b>539</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>
<b>BOMBAY . . . . .</b>	<b>183</b>	<b>133</b>	<b>112</b>	<b>97</b>	<b>104</b>	<b>98</b>	<b>153</b>	<b>192</b>	<b>163</b>	<b>190</b>	<b>241</b>	<b>114</b>	<b>1,780</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>6</b>	<b>63</b>	<b>52</b>	<b>13</b>	<b>7</b>	<b>1</b>	<b>170</b>
<b>BERAR AND SECUN- DERABAD . . . . .</b>	<b>13</b>	<b>20</b>	<b>14</b>	<b>10</b>	<b>15</b>	<b>11</b>	<b>24</b>	<b>46</b>	<b>113</b>	<b>92</b>	<b>67</b>	<b>44</b>	<b>469</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>
<b>CENTRAL PROV- INCES . . . . .</b>	<b>74</b>	<b>90</b>	<b>62</b>	<b>86</b>	<b>52</b>	<b>41</b>	<b>108</b>	<b>141</b>	<b>217</b>	<b>332</b>	<b>157</b>	<b>78</b>	<b>1,438</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>2</b>
<b>MADRAS . . . . .</b>	<b>136</b>	<b>99</b>	<b>130</b>	<b>88</b>	<b>72</b>	<b>78</b>	<b>111</b>	<b>36</b>	<b>80</b>	<b>89</b>	<b>99</b>	<b>112</b>	<b>1,130</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>...</b>	<b>1</b>	<b>1</b>	<b>...</b>	<b>11</b>

\* Including Ajmer, Quetta, and Mercara.



TABLE LI.

*PNEUMONIA by months, jails, groups, and administrations.*

TABLE LII.

*DYSENTERY by months, jails, groups, and administrations.*

JAILS AND GROUPS.*	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	18	22	8	5	6	12	17	23	13	14	19	14	171	127	113	131	119	281	272	260	181	166	142	144	132	2,068
Mergui . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	..	1	1	1	..	1	10	
Moulmein . . . . .	..	..	1	..	..	..	1	..	..	..	1	..	3	3	1	..	..	2	..	1	..	1	5	3	19	
Shwegyin . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Toungoo . . . . .	2	1	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	1	1	..	..	2	
Rangoon Central (Europeans) . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	
Rangoon Central (Natives) . . . . .	1	2	3	..	1	2	3	..	1	1	6	2	22	12	11	3	3	3	7	8	7	5	10	6	7	82
Maubin . . . . .	..	..	..	..	..	..	1	..	..	..	..	..	1	..	2	..	..	..	3	2	1	1	..	1	10	
Myaungmyo . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	6	8	6	1	..	..	1	4	9	5	20	14	74
Bassein Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	2	
Insein Central . . . . .	..	..	1	..	1	..	..	..	..	..	..	1	3	3	7	8	2	7	22	19	4	9	9	10	10	110
Myanaung . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	2	
Sandoway . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	2	..	4	8
Kyaukpyu . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	1	..	..	..	..	4	
Akyab . . . . .	..	..	..	..	..	..	..	1	..	..	..	1	2	2	4	8	8	11	10	16	5	12	10	10	4	100
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	21	25	13	5	8	14	22	24	14	15	26	18	205	155	147	150	135	306	317	310	204	205	185	195	175	2,493
Paungdi . . . . .	..	..	..	2	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1	1	1	..	1	1	4	
Prome . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	6	..	2	11	
Thayetmyo Central . . . . .	1	..	..	1	..	..	1	..	..	1	2	..	6	..	..	3	1	1	..	1	3	..	..	..	1	10
Taungdwingyi . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Magwe . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Minbu . . . . .	..	..	..	..	..	..	..	..	..	2	1	..	3	..	..	..	1	..	3	4	3	3	2	1	1	18
Meiktila . . . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	1	..	2	..	1	..	2	2	1	..	1	10	
Myingyan Central . . . . .	3	5	10	3	3	1	..	..	..	..	..	1	26	2	4	3	1	1	5	11	8	3	6	10	11	65
Mandalay Central . . . . .	..	..	2	1	..	..	..	..	..	..	1	..	4	1	..	5	2	10	2	6	3	7	..	4	6	46
Shwebo . . . . .	1	1	..	..	..	2	..	1	2	..	..	..	7	..	..	..	1	..	..	1	2	..	..	..	..	4
Bhamo . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	3	..	2	1	..	..	..	..	10
Katha . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	1	4	
Kindat . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
GROUP II.—BURMA INLAND . . . . .	5	7	12	7	3	3	1	1	2	3	4	1	49	6	5	13	8	16	11	28	23	17	16	17	25	185
Cachar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	2	1	1	..	1	..	9
Sibsagar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	1	..	1	3	1	1	..	..	1	11	
Dibrugarh . . . . .	..	..	..	..	1	..	..	..	1	..	..	..	2	..	..	..	..	..	3	1	3	..	1	..	9	
Tezpur . . . . .	..	..	..	1	1	..	..	..	2	..	..	..	4	..	1	1	..	5	8	1	8	8	7	3	3	45
Nowgong . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1	1	4	
Gauhati . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	8	1	..	6	5	5	3	..	..	29	
Dhubri . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	5	..	1	1	..	3	
Sylhet . . . . .	..	..	1	1	..	..	..	..	..	1	..	..	3	5	2	12	5	7	6	5	22	15	3	2	..	84
GROUP III.—ASSAM . . . . .	..	..	1	2	1	1	..	..	3	..	1	..	9	8	8	22	8	13	26	15	40	27	13	9	5	194
Mymensingh . . . . .	1	..	..	..	1	..	..	1	..	1	1	1	6	10	15	31	30	21	19	10	16	13	13	25	28	231
Dacca Central . . . . .	1	1	1	..	..	1	2	..	2	..	1	..	9	16	19	21	15	11	20	21	25	21	26	32	13	240
Tippera . . . . .	..	..	..	1	1	..	..	..	..	..	..	1	3	2	9	5	3	10								



TABLE LI.--continued.

PNEUMONIA by months, jails, groups, and administrations.

TABLE LII.--continued.

DYSENTERY by months, jails, groups, and administrations.

JAILS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Chaibassa . . .	...	...	...	...	...	...	...	...	...	...	2	...	2	8	1	9	9	21	5	13	5	7	12	7	8	10
Purulia . . .	1	...	5	...	1	2	...	...	...	1	1	...	11	...	...	2	...	...	...	1	...	1	...	...	...	...
Ranchi . . .	...	...	1	...	1	...	...	...	...	...	...	...	2	...	...	1	3	...	3	4	2	4	...	1	2	4
Palamau . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	5	8	12	8	3	...	2	3	4	...
Hazaribagh, Central	6	1	...	...	1	...	3	1	...	2	5	...	19	13	13	9	14	10	17	14	44	31	10	...	4	17
B																										
Gaya . . .	...	3	2	1	3	1	2	2	1	3	...	...	18	5	1	5	2	5	6	7	6	12	9	3	14	7
Bhagalpur, Central	1	...	1	1	...	1	1	1	...	2	1	1	10	15	14	17	13	13	9	7	26	32	13	12	17	
Monghyr . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	4	1	1	3	2	1	1	4	5	3	6	4	3
Darbhanga . . .	2	1	2	...	1	...	...	...	...	...	1	...	7	6	4	4	8	10	1	10	4	14	18	14	1	9
Champaran . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	3	5	7	...	1	8	9	5	1	...	2	4
Muzaffarpur . . .	...	...	1	...	...	...	...	1	3	2	1	2	10	1	...	6	3	...	1	6	7	7	7	4	3	4
Patna . . .	1	...	...	...	...	1	...	1	...	...	...	...	3	...	1	2	4	1	1	2	7	8	8	2	5	4
Arrah . . .	...	1	2	...	...	...	...	...	...	...	...	1	4	3	1	4	1	2	...	6	2	3	3	2	...	2
Chapra . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2	6	7	4	9	12	17	6	12	4	8
Buxar, Central	1	...	...	1	...	...	...	1	...	1	2	3	9	14	8	12	16	16	19	50	64	39	40	17	19	31
Korantadih . . .	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	1	1	1	1	...	1	...	...	...	...	...
Ghazipur . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	1	...	1	1	4	...	3	...	...	1
Azamgarh . . .	1	...	...	...	...	1	...	...	...	...	1	...	3	1	...	...	...	...	...	...	2	4	4	5	4	2
Kassia . . .	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	2	2	1	...	...	...	...	...	...	...	...
Gorakhpur . . .	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	2	...	...	...	...	2	5	5	7	12	3
Basti . . .	...	1	1	2	...	...	...	...	...	1	...	...	5	2	2	2	3	1	...	3	2	2	...	1	...	1
Fyzabad . . .	...	1	3	...	...	1	1	...	...	2	3	...	11	1	1	2	4	...	2	1	7	2	...	4	3	2
Sultanpur . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...
Rai Bareilly . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	1	...	...	...	1	1	...	...	...	1	...
Partabgarh . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...
Jaunpur . . .	...	1	1	...	...	...	...	...	...	...	...	...	2	...	1	...	3	...	...	1	1	2	...	4	1	1
Benares, Central	...	...	...	3	...	...	...	2	2	1	5	4	17	2	4	4	2	10	10	11	86	46	7	10	6	19
„ District	...	1	...	1	...	...	...	...	...	...	...	...	2	1	...	4	1	5	1	3	4	2	3	6	6	3
Mirzapur . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	1	...	1	2	...	1	1	1	...	...
Allahabad, Central	1	...	2	...	1	1	2	1	...	3	1	2	14	12	9	8	8	4	3	4	18	17	16	6	12	11
„ District	2	4	3	...	...	...	...	...	...	2	2	...	13	1	3	...	1	...	1	...	1	6	...	...	2	1
Karwi . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
Banda . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	2	2	...	...	2	6	4	2	1	2	2
Fatehpur . . .	2	...	...	...	1	...	...	2	...	...	1	...	6	1	2	1	3	1	1	1	2	6	2	2	5	2
Hamirpur . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Orai . . .	1	...	...	1	...	...	...	...	...	...	...	...	2	...	...	1	...	1	...	1	1	...	1	...	...	...
Cawnpore . . .	1	1	...	...	...	...	...	...	1	...	...	...	3	...	...	1	1	2	...	...	...	2	1	3	2	1
Unao . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	2	...	...	1	2	1	...
Lucknow, Central	...	...	...	...	2	...	...	...	...	...	...	...	2	3	1	2	8	2	2	...	6	7	9	2	4	4
„ District	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	2	...	...	...	...	...
Barabanki . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	...
Gonda . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	2	2	3	1	2	2	5	5	6	1	3
Bahraich . . .	1	...	...	2	2	...	...	...	...	...	1	...	6	...	...	2	3	1	2	2	1	...	1	2	...	1
Kheri . . .	1	...	1	3	...	...	...	1	...	1	...	...	7	...	...	...	1	1	...	...	...	1	...	...	...	...
Sitapur . . .	2	...	...	...	...	...	...	1	...	...	...	...	3	2	1	1	...	3	...	...	3	3	...	...	...	1
Hardoi . . .	...	1	...	...	1	...	...	...	...	...	1	...	3	2	...	...	1	1	...	...	...	1	2	1	1	...
Etawah . . .	2	...	2	2	...	...	1	...	1	...	...	...	8	1	...	...	...	...	...	...	3	3	...	1	...	...
Mainpuri . . .	...																									



JAILS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
eshawar . . . . .	3	..	3	..	2	..	2	1	..	1	..	..	12	2	5	4	..	2	6	..	3	8	1	5	2	38
Kohat . . . . .	4	1	..	..	..	..	..	..	..	..	..	1	6	..	1	..	..	..	1	..	1	1	1	1	1	8
annu . . . . .	..	..	2	..	..	..	..	..	..	..	..	2	4	..	2	2	5	1	..	..	2	..	..	..	..	12
hahpur . . . . .	..	..	..	..	1	..	..	..	..	..	..	6	7	..	1	1	..	1	..	..	1	..	..	..	..	4
hang . . . . .	2	3	..	2	..	1	..	..	1	..	1	2	12	..	..	3	2	..	6	2	4	4	6	8	1	36
Montgomery Central	7	4	5	..	..	1	1	..	2	1	1	1	23	7	2	1	10	17	8	4	6	1	1	2	8	67
Mooltan Central . .	8	3	5	1	..	1	1	1	2	2	1	7	32	4	4	4	1	3	1	4	1	4	6	4	2	38
„ District . . . .	2	8	8	1	2	..	..	2	..	..	..	..	23	1	3	1	..	5	5	7	2	1	7	14	5	51
Dera Ismail Khan .	3	1	..	..	..	..	..	..	..	..	1	1	6	8	3	5	4	1	2	3	4	2	3	2	1	38
Dera Ghazi Khan .	..	1	3	1	..	..	..	..	..	1	..	..	6	1	..	..	..	..	..	..	..	..	2	1	..	4
<b>C</b>																										
hikarpur . . . . .	2	3	16	2	3	..	..	..	2	2	8	4	42	1	2	1	1	1	1	4	2	3	2	1	3	22
ind Gang . . . . .	16	9	..	2	8	2	3	1	2	..	8	5	56	..	..	..	..	..	..	1	2	..	1	1	3	8
Hyderabad Central	7	3	2	7	..	4	2	1	..	..	2	1	29	15	3	5	3	2	3	7	4	3	5	3	2	55
Kurrachee . . . . .	..	1	1	..	3	..	..	..	..	..	..	..	5	..	..	..	..	1	3	2	5	5	3	2	..	21
<b>GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJ-PUTANA . . . . .</b>	<b>54</b>	<b>37</b>	<b>45</b>	<b>16</b>	<b>19</b>	<b>9</b>	<b>9</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>22</b>	<b>30</b>	<b>263</b>	<b>39</b>	<b>26</b>	<b>27</b>	<b>26</b>	<b>34</b>	<b>36</b>	<b>34</b>	<b>37</b>	<b>32</b>	<b>39</b>	<b>44</b>	<b>28</b>	<b>402</b>
<b>A</b>																										
Rajkot . . . . .	1	..	..	..	..	..	..	1	..	..	..	..	2	..	..	..	..	..	..	..	1	..	1	1	1	4
ahmedabad Central	7	..	7	2	1	12	1	3	3	5	3	..	44	11	8	3	6	4	7	12	13	14	9	11	10	103
<b>B</b>																										
ajmer . . . . .	1	1	1	..	..	..	..	..	..	..	1	1	5	2	..	1	1	..	..	..	..	..	..	..	..	4
Muttra . . . . .	2	1	1	1	..	2	..	..	..	..	2	1	10	..	..	..	2	..	..	1	..	4	2	3	..	12
Agra Central . . . .	4	2	1	..	2	..	..	3	..	..	1	6	19	2	..	4	1	1	4	14	16	18	17	8	8	93
„ District . . . .	1	3	..	1	2	..	2	..	1	..	..	..	10	..	3	2	2	4	1	..	4	4	2	..	1	23
hansi . . . . .	..	..	1	1	..	..	..	..	..	..	1	1	4	..	..	..	2	..	..	..	2	1	..	2	1	8
alitpur . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2	1	..	2	1	..	..	7
<b>GROUP VIII.—S. E. RAJPUTANA, CENTRAL INDIA AND GUJRAT . . . . .</b>	<b>16</b>	<b>7</b>	<b>11</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>8</b>	<b>9</b>	<b>94</b>	<b>16</b>	<b>11</b>	<b>10</b>	<b>14</b>	<b>9</b>	<b>14</b>	<b>28</b>	<b>36</b>	<b>43</b>	<b>32</b>	<b>25</b>	<b>21</b>	<b>259</b>
<b>A</b>																										
Damoh . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	7	1	1	..	..	14
augor . . . . .	1	..	..	..	..	..	..	..	..	1	..	..	2	..	1	1	..	..	..	1	7	4	5	6	1	20
ubbulpore Central	..	3	4	..	2	2	1	..	..	..	1	2	15	9	2	3	1	1	..	6	7	23	17	14	9	92
Narsinghpur . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Mandla . . . . .	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	2	..	..	1	2	..	5
Bilaspur . . . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	2	4	7	..	2	..	..	16
Bambalpur . . . . .	..	..	..	..	1	..	..	..	1	..	..	..	2	..	..	..	..	2	1	1	3	..	..	1	..	8
Raipur Central . . .	5	2	..	..	..	1	..	1	..	..	1	..	10	2	3	..	..	2	2	10	24	38	18	14	3	116
Balaghat . . . . .	..	..	..	1	..	1	..	..	..	..	..	..	2	..	..	1	..	1	1	1	2	2	..	..	..	7
Seoni . . . . .	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	1	3	..	1	..	..	6
Chhindwara . . . .	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Hoshangabad . . . .	..	..	..	..	..	..	..	..	..	..	1	1	2	1	2	2	1	..	..	..	1	4	2	3	..	16
Nimar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	1	2	..	..	1	7
Betul . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	1	2	..	..	..	7
Nagpur Central . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	3	1	..	..	..	..	2
Bhandara . . . . .	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	3	2	4	5	..	..	8
Wardha . . . . .	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	3	1	..	..	1	..	11
Chanda . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	5
<b>B</b>																										
Secunderabad . . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	1	..	..	..	3
Amraoti Central . .	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..	1	1	..	1	..	..	5
Ellichpur . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1
Akola Central . . . .	2	1	..	2	2	..	..	..	..	..	1	1	9	..	1	..	..	..	2	4	5	6	5	2	2	27
Basim . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Dhulia . . . . .	..	1	1	2	..	1	..	..	1	..	1	..	7	9	4	..	..	..	..	2	7	5	2	6	..	35
Yerrowda Central .	3	1	1	1	..	2	..	..	..	..	..	..	8	3	5	2	4	4	15	29	15	7	..	2	2	88
Bijapur . . . . .	..	..	..	..	..	..	..	..	..	..	2	1	3	..	..	1	2	..	..	5	1	6	6	5	3	29
Deccan Gang . . . .	..	2	..	..	..	..	..	..	4	..	..	..	6	..	1	2	3	2	..	3	3	3	..	..	..	20
Dharwar . . . . .	2	..	2	1	1	2	..	1	..	..	..	1	10	1	1	3	1	3	5	7	4	1	4	2	1	33
<b>GROUP IX.—DECCAN . . . . .</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>9</b>	<b>7</b>	<b>9</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>84</b>	<b>26</b>	<b>21</b>	<b>15</b>	<b>13</b>	<b>19</b>	<b>28</b>	<b>87</b>	<b>102</b>	<b>119</b>	<b>71</b>	<b>62</b>	<b>22</b>	<b>585</b>
<b>A</b>																										
Thana . . . . .	..	..	2	..	1	..	..	..	..	..	..	..	3	1	1	1	..	3	3	5	6	2	1	1	2	26
Bombay Common	2	..	..	..	2	2	..	..	..	..	1	1	8	1	..	2	1	2	1	2	1	..	1	..	1	12
„ House of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Correction . . . . .	..	..	..	..	1	..	..	..	..	..	..	1	2	..	1	..	..	..	..	1	1	..	4	1	3	11
Ratnagiri . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	1	..	2	4	3	..	1	1	18
Karwar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	7	4	1	1	..	23
Mangalore . . . . .	..	..	..	..	1	..	..	1	..	..	..	..	2	..	..	..	..	..	3	..	..	..	..	..	..	..
Cannanore Central	..	1	1	1	1	..	..	..	1	..	1	..	6	1	1	2	1	..	4	..	2	2	1	..	1	15
<b>GROUP X.—WEST-ERN COAST . . . . .</b>	<b>2</b>																									



TABLE LI—concluded.

PNEUMONIA by months, jails, groups, and administrations.

TABLE LII—concluded.

DYSENTERY by months, jails, groups, and administrations.

JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Bellary . . . . .	2	1	1	...	...	1	...	1	...	...	...	1	7	...	1	...	1	...	...	4	1	...	...	1	...	8
Salem, Central . . .	1	1	1	1	1	2	1	...	1	...	...	1	10	...	...	...	...	...	...	1	...	...	2	2	5	
Coimbatore, Central .	1	2	...	...	1	1	...	3	...	1	2	...	11	...	2	1	1	4	5	5	6	5	6	4	1	44
B																										
Palamcottah . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	1	...	1	1	2	1	3	2	9	2	25
Madura . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	3	...	3	...	3	2	...	6	3	2	4	8	4	37
Trichinopoly, Central .	...	1	1	1	...	1	1	...	...	...	...	...	5	...	...	...	1	4	3	2	3	14	15	6	8	56
Tanjore . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	2	...	2	4	4	1	...	3	2	20
Cuddalore . . . . .	...	1	...	...	...	...	...	...	...	...	3	1	5	...	1	...	...	1	5	5	...	5	4	4	3	29
Vellore, Central . . .	1	1	1	1	2	1	1	2	1	1	2	1	15	...	4	2	2	3	...	5	8	2	5	2	3	37
Madras Penitentiary, Central .	...	1	...	1	...	...	...	...	...	...	1	...	3	...	...	1	...	...	1	3	...	2	1	1	6	16
Nellore . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	1	2	...	...	1	...	1	...	...	...	...	7
C																										
Rajamundry, Central . .	...	3	3	1	2	2	...	2	...	1	...	...	14	...	17	9	6	7	9	11	7	16	15	14	4	128
Vizagapatam . . . . .	2	1	2	...	...	2	1	1	1	...	3	...	13	...	...	...	...	...	...	2	4	...	...	...	...	6
Berhampur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	2	...	3	...	1	...	9
GROUP XI.—SOUTHERN INDIA .	7	12	9	5	10	10	4	9	4	4	11	5	90	28	28	20	15	23	28	52	38	53	52	55	35	427
Shillong . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Darjeeling . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	8	...	5	...	3	...	...	28
Almora . . . . .	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	1	1	...	...	...	1	...	...	...	...	3
Pauri . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	2	2	...	1	...	9
Dharmasala . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2
Abbottabad . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta . . . . .	2	4	...	...	...	...	...	...	1	...	...	...	7	...	...	...	1	...	1	...	...	1	2	...	...	7
Mercara . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Russellkonda . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	1	3	...	4
GROUP XII.—HILLS . . .	2	5	1	...	...	1	3	...	1	...	...	1	14	2	...	1	4	1	11	9	8	6	4	6	3	55
INDIA*	224	185	179	92	108	107	84	91	70	88	145	137	1,510	734	596	769	735	838	874	1,102	1,249	1,231	1,029	1,048	814	11,019
ANDAMANS . . . . .	18	22	8	5	6	12	17	23	13	14	19	14	171	127	113	131	119	281	272	260	181	166	142	144	132	2,068
BURMA . . . . .	8	10	17	7	5	5	6	2	3	4	11	5	83	34	39	41	24	41	56	78	46	56	59	68	68	610
ASSAM . . . . .	...	1	1	2	1	1	...	...	3	...	1	...	10	8	8	22	9	13	26	15	40	27	13	9	5	195
BENGAL . . . . .	29	28	29	10	17	21	21	18	11	21	20	23	248	302	256	377	370	298	321	439	482	448	394	426	332	4,445
UNITED PROVINCES . . .	38	31	28	27	32	14	14	22	8	19	39	26	298	73	50	77	95	65	55	76	245	264	179	158	124	1,461
PUNJAB . . . . .	63	46	42	13	7	14	12	7	13	15	12	39	283	93	54	59	62	80	53	48	57	50	83	92	62	793
N.-W. F. PROVINCE . . .	10	2	6	...	2	...	2	1	...	1	1	4	29	10	11	11	9	4	9	3	10	11	6	8	4	96
BOMBAY . . . . .	40	20	32	17	20	25	6	7	12	7	25	14	225	42	26	20	25	25	41	89	76	56	43	38	32	513
BERAR AND SE-CUNDERABAD .	2	1	...	2	3	...	...	...	...	1	1	1	11	1	2	...	...	1	3	6	6	7	6	3	2	37
CENTRAL PROVINCES . . .	6	6	5	3	3	4	1	1	1	2	3	4	39	12	8	8	4	7	5	35	66	90	50	44	14	346
MADRAS . . . . .	7	13	10	6	12	10	5	10	5	4	12	6	100	29	29	22	16	23	32	52	40	55	53	56	39	446

\* Including Ajmer, Quetta, and Mercara.

#### IV.—TROOPS AND PRISONERS, 1902.



## TABLE LIII.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULA- TION OF INDIA.	
	MEN, 60,540.				WOMEN, 2,555.		CHILDREN, 4,709.		Present Enrolled	124,231 142,886		114,334.	
	Admis- sions.	Constantly sick.	Deaths.	Invalids	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
Small-pox . . . . .	23	2'20	4	...	6	2	3	1	75	2	...	47	6
Cow-pox . . . . .	7	'19	...	...	1	...	2	...	39	...	...	42	...
Chicken-pox . . . . .	6	'52	...	...	1	...	50	...	268	...	...	786	...
Measles . . . . .	76	3'82	...	...	5	...	200	8	328	2	...	58	1
Rubella . . . . .	8	'30	...	...	...	...	...	...	23	...	...	...	...
Scarlet fever . . . . .	2	'21	...	...	1	...	2	...	...	...	...	...	...
Plague . . . . .	4	'28	1	...	...	...	...	...	158	95	...	37	20
Relapsing fever . . . . .	1	'06	...	...	...	...	...	...	...	...	...	220	...
Dengue . . . . .	298	8'94	...	...	30	...	54	...	663	...	...	186	4
Influenza . . . . .	107	3'71	1	...	4	...	9	...	261	...	...	912	16
Whooping cough . . . . .	...	...	...	...	1	...	67	...	2	...	...	...	...
Mumps . . . . .	9	'47	...	...	1	...	20	...	413	...	...	1,368	...
Diphtheria . . . . .	1	'04	...	...	1	...	7	3	2	...	...	...	...
Cerebro-spinal fever . . . . .	1	'08	...	...	...	...	...	...	18	17	...	136	108
Simple continued fever . . . . .	846	47'40	...	2	20	...	52	1	631	4	...	440	1
Enteric fever . . . . .	1,012	151'41	260	45	20	5	21	3	50	12	...	69	15
Mediterranean fever . . . . .	8	1'11	1	2	...	...	...	...	4	...	...	...	...
Cholera . . . . .	3	'01	3	...	...	...	...	...	25	15	...	33	24
Choleraic diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Epidemic diarrhoea . . . . .	...	...	...	...	...	...	...	...	74	...	...	5	...
Dysentery . . . . .	1,238	86'91	42	55	44	1	86	9	5,720	48	14	11,019	586
Beri-beri . . . . .	39	5'16	2	21	...	...	...	...	84	10	...	9	2
Kala azar . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Ague . . . . .	14,960	530'96	30	238	376	...	609	6	34,101	111	145	42,381	126
Remittent fever . . . . .	407	29'18	12	7	17	5	14	3	1,479	142	5	494	89
Phagedæna . . . . .	1	'01	...	...	...	...	...	...	...	...	...	3	1
Sloughing phagedæna . . . . .	4	'98	...	1	...	...	...	...	...	...	...	...	...
Hospital gangrene . . . . .	1	'06	...	...	...	...	...	...	...	...	...	...	...
Erysipelas . . . . .	55	3'58	3	1	3	...	4	...	30	4	...	83	18
Pyæmia . . . . .	2	'55	1	...	...	...	...	...	4	4	...	7	7
Septicæmia . . . . .	3	'21	3	1	...	...	1	1	2	2	...	6	4
„ puerperal . . . . .	...	...	...	...	8	7	...	...	...	...	...	6	...
Sapraemia, „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Tetanus . . . . .	...	...	...	...	...	...	...	...	3	5	...	11	4
Tubercle, not defined . . . . .	...	...	...	...	...	...	...	...	23	...	3	1	...
„ general . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	3
„ of the membranes of brain . . . . .	1	'20	1	...	...	...	1	1	1	1	...	2	2
„ of the iris . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ of the larynx . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ of the lungs . . . . .	204	35'23	35	85	5	2	10	3	532	100	90	1,127	470
„ of the lungs and intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	15	16
„ of the lungs, intestines and spleen . . . . .	1	'07	1	...	...	...	...	...	...	...	...	...	...
„ of the fauces . . . . .	...	'07	...	1	...	...	...	...	...	...	...	...	...
„ of the intestines . . . . .	...	...	...	...	...	...	...	...	3	3	...	23	12
„ of the intestines and foot . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ of the mesenteric glands . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
„ of the peritonæum . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	4
„ of the lymph-glands . . . . .	10	'79	...	3	...	...	...	...	28	1	3	34	1
„ of the lymphatics . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
„ of the testicles . . . . .	6	1'72	...	2	...	...	...	...	1	...	...	...	...
„ of the bones . . . . .	3	'39	...	2	...	...	...	...	1	1	...	1	...
„ of joints . . . . .	8	'63	...	3	...	...	...	...	1	...	...	4	2
„ of the spine . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
„ of the skin . . . . .	...	...	...	...	1	...	...	...	1	...	...	2	...
Leprosy . . . . .	1	'19	...	...	...	...	...	...	17	...	9	170	14
Yaws . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Syphilis, primary . . . . .	2,128	210'91	...	1	...	...	...	...	799	2	8	485	...
„ secondary . . . . .	3,019	293'40	15	286	4	...	1	...	1,112	7	98	1,262	22
„ inherited . . . . .	...	...	...	...	...	...	3	...	...	...	...	...	...
Gonorrhœa . . . . .	7,539	560'97	...	23	...	...	...	...	1,399	...	14	488	1
Hydrophobia . . . . .	2	'01	2	...	...	...	...	...	...	...	...	3	3
Disease dependent on animal parasites, not defined . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Bilharzia hæmatobia . . . . .	51	4'69	...	4	...	...	...	...	...	...	...	...	...
Bothriocephalus latus . . . . .	...	...	...	...	...	...	...	...	...	...	...	13	...
Tænia solium . . . . .	133	3'42	...	...	5	...	7	...	19	...	...	52	1
„ mediocanellata . . . . .	1	'01	...	...	...	...	7	...	1	...	...	5	...
„ elliptica . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Echinococcus hominis . . . . .	1	'08	...	1	...	...	...	...	...	...	...	...	...
Ascaris lumbricoides . . . . .	4	'53	...	...	...	...	11	...	17	...	...	63	...
Tricocephalus dispar . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Guinea-worm . . . . .	...	...	...	...	...	...	...	...	557	2	2	536	1
Filaria sanguinis hominis . . . . .	...	...	...	...	...	...	...	...	...	...	...	9	...
Strongylus duodenalis . . . . .	...	...	...	...	...	...	...	...	...	...	...	68	5
Thread-worm . . . . .	3	'08	...	...	...	...	2	...	1	...	...	3	...
Musca vomitoria . . . . .	1	'08	...	...	...	...	...	...	1	...	...	...	...
„ domestica . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Lucilia hominivora . . . . .	1	'05	...	...	...	...	...	...	3	...	...	...	...
Pediculus capitis . . . . .	1	'02	...	...	...	...	1	...	...	...	...	...	...
„ vestimenti . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Phthirus inguinalis . . . . .	12	'19	...	...	...	...	...	...	1	...	...	...	...
Culex anxifer . . . . .	3	'09	...	...	...	...	...	...	3	...	...	...	...
Galeodes araneoides . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Scabies . . . . .	320	15'65	...	...	...	...	2	...	1,105	...	5	718	...
Mycetoma . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	...
Chionyphe carteri . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Tinea favosa . . . . .	...	...	...	...	...	...	...	...	2	...	...	19	...
Ringworm . . . . .	313	12'98	...	...	1	...	9	...	349	...	...	169	...
Tinea versicolor . . . . .	21	'86	...	...	...	...	...	...	...	...	...	3	...
Oidium albicans . . . . .	1	'93	...	...	...	...	3	...	...	...	...	...	...
Surfeit . . . . .	...	...	...	...	...	...	...	...	4	...	...	17	...
Scurvy . . . . .	10	'66	...	2	1	...	...	...	302	2	12	145	6
Alcoholism . . . . .	260	9'50	8	4	1	...	...	...	3	2	...	...	...
Delirium tremens . . . . .	9	'46	1	...	...	...	...	...	...	...	...	...	...
Rheumatic fever . . . . .	35	4'67	1	4	1	...	1	...	39	1	...	2	...
Rheumatism . . . . .	1,178	79'65	...	64	16	...	3	...	1,806	...	135	1,208	4
Gout . . . . .	7	'35	...	1	...	...	...	...	2	...	...	5	...
Osteoarthritis . . . . .	2	'17	...	1	...	...	...	...	6	...	2	...	...
Cyst . . . . .	12	'44	...	...	...	...	...	...	24	...	1	9	...
Non-malignant new growth, not defined . . . . .	2	'09	...	...	...	...	...	...	9	...	...	26	...

\* Axillary, cervical, mesenteric.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Pterygium . . . . .	2	'20	...	...	...	...	...	...	12	...	...	15	...
Lipoma . . . . .	17	'80	...	...	...	...	...	...	6	...	...	17	...
Fibroma . . . . .	7	'34	...	1	1	...	...	...	7	...	1	10	...
Chondroma . . . . .	4	'23	...	...	...	...	...	...	1	...	1	...	...
Osteoma . . . . .	5	'39	...	1	...	...	...	...	1	...	...	...	...
Myxoma . . . . .	5	'35	...	1	...	...	...	...	4	...	...	...	...
Glioma . . . . .	...	...	1	...	...	...	...	...	...	...	...	1	1
Myoma . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Neuroma . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Angioma . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Lymphangioma . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Papilloma . . . . .	11	'70	...	...	...	...	...	...	2	...	...	...	...
Warts . . . . .	195	12'44	...	...	...	...	...	...	6	...	...	2	...
Condyloma . . . . .	...	...	...	...	...	...	...	...	1	...	...	4	...
Adenoma . . . . .	...	'10	...	...	...	...	...	...	...	...	...	1	...
Malignant new growth, not defined . . . . .	...	...	...	...	...	...	...	...	4	1	...	8	2
Sarcoma . . . . .	4	'26	1	1	...	...	...	...	5	...	1	1	...
Carcinoma . . . . .	1	'17	1	...	1	1	...	...	6	3	2	21	12
Ranula . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Ganglion . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Rickets . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Myxœdema . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	1
Anæmia . . . . .	84	4'91	...	10	18	...	11	...	543	3	27	626	24
Idiopathic anæmia . . . . .	5	'73	2	2	1	1	...	...	1	...	...	4	4
Purpura . . . . .	3	'20	...	...	1	1	1	...	2	1	...	1	...
Leucocythæmia . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Hodgkin's disease . . . . .	...	...	...	...	...	...	...	...	2	...	1	1	...
Diabetes mellitus . . . . .	5	'90	3	2	...	...	...	...	18	...	5	17	4
„ insipidus . . . . .	3	'29	...	1	...	...	...	...	...	...	...	6	...
Immaturity at birth . . . . .	...	...	...	...	...	...	21	21	...	...	...	4	...
Fissure of lip . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Hypospadiac fissure of the urethra . . . . .	2	'16	...	...	...	...	...	...	...	...	...	1	...
Fissure of the spinal column . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Congenital phimosis . . . . .	1	'01	...	...	...	...	12	...	2	...	...	...	...
Congenital malformation of testicle . . . . .	...	...	...	...	...	...	...	...	3	...	1	...	...
Testicle one absent . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Heart, Septum incomplete . . . . .	...	...	...	...	...	...	2	1	...	...	...	...	...
Debility . . . . .	1,641	110'52	2	286	801	1	294	13	1,319	13	298	651	13
Old age . . . . .	...	...	...	...	...	...	...	...	...	...	3	118	23
Other general diseases . . . . .	...	...	...	...	...	...	...	...	109	...	...	...	...
Neuritis . . . . .	4	'30	...	...	...	...	...	...	28	...	2	5	...
Multiple neuritis . . . . .	76	8'04	4	12	1	1	...	...	14	1	2	13	4
Degeneration of the nerves . . . . .	...	'04	...	1	...	...	...	...	1	...	...	...	...
Pachymeningitis . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Lepto-meningitis . . . . .	...	...	...	...	...	...	2	2	...	...	...	1	1
Myelitis . . . . .	2	'10	...	...	...	...	...	...	3	1	...	11	3
Anterior poliomyelitis . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	...
Progressive muscular atrophy . . . . .	1	'20	1	...	...	...	...	...	5	...	1	1	...
Primary lateral sclerosis . . . . .	2	'30	...	2	...	...	2	...	2	1	...	14	...
Posterior sclerosis . . . . .	13	1'83	1	7	...	...	...	...	10	1	5	6	...
Postero-lateral sclerosis . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Disseminated „ . . . . .	3	'50	...	1	...	...	...	...	1	...	1	...	...
Acute ascending paralysis . . . . .	2	'03	1	...	...	...	...	...	...	...	...	...	...
Cerebral meningitis . . . . .	4	'36	1	3	...	...	5	4	...	...	...	23	18
Pachymeningitis . . . . .	5	'42	2	...	...	...	...	...	5	4	...	...	...
Leptomeningitis . . . . .	1	...	1	...	...	...	1	1	1	...	...	...	...
Hæmorrhage into the membranes of the brain . . . . .	1	'01	1	...	...	...	...	...	2	3	...	...	...
Encephalitis . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Abscess of the brain . . . . .	3	'06	3	...	...	...	...	...	1	1	...	3	3
Sclerosis „ „ . . . . .	2	'33	...	1	...	...	...	...	...	...	1	...	...
Softening „ „ . . . . .	...	'02	...	1	...	...	...	...	3	3	...	1	1
Sanguineous apoplexy . . . . .	2	'38	1	...	...	...	...	...	...	...	...	16	14
Hyperæmia of the brain . . . . .	3	'06	2	...	...	...	...	...	...	...	...	3	1
Bulbar paralysis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Internal hydrocephalus . . . . .	...	...	...	...	...	...	2	2	...	...	...	...	...
Apoplexy . . . . .	1	'02	...	...	...	...	...	...	2	1	...	6	6
Paralysis . . . . .	...	...	...	...	...	...	...	...	6	1	2	6	...
Paraplegia . . . . .	10	1'12	...	4	...	...	...	...	9	...	1	20	...
Hemiplegia . . . . .	15	1'67	1	5	...	...	...	...	16	...	4	19	1
Monoplegia . . . . .	2	'29	...	1	2	...	...	...	1	...	...	...	...
Local paralysis . . . . .	9	'89	...	4	1	...	...	...	26	...	3	13	...
Incomplete paralysis . . . . .	1	'04	...	...	...	...	...	...	5	...	...	1	...
Tremor . . . . .	3	'24	...	2	...	...	...	...	...	...	...	...	...
Paralysis agitans . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	...
Chorea . . . . .	2	'28	...	2	1	...	3	...	1	...	1	4	...
Cramp . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Wry-neck . . . . .	2	'12	...	...	...	...	...	...	4	...	...	1	...
Facial spasm . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Athetosis . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Writer's cramp . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	...
Convulsions . . . . .	1	'01	1	...	...	...	30	23	2	...	...	...	...
Epilepsy . . . . .	139	12'15	1	46	9	...	10	3	34	4	8	146	11
Laryngismus stridulus . . . . .	...	...	...	...	...	...	10	1	...	...	...	...	...
Tetany . . . . .	3	'24	...	1	...	...	...	...	...	...	...	...	...
Vertigo . . . . .	21	1'51	...	4	...	...	...	...	8	...	...	7	...
Headache . . . . .	26	1'11	...	...	1	...	...	...	27	...	...	12	...
Megrim . . . . .	...	...	...	...	...	...	...	...	40	...	...	51	...
Anæsthesia . . . . .	1	'51	...	...	...	...	...	...	10	...	...	1	...
Neuralgia . . . . .	210	10'35	...	5	17	...	...	...	348	...	14	147	...
Hysteria . . . . .	10	1'57	...	1	8	...	...	...	6	...	1	3	...
Somnambulism . . . . .	1	'25	...	...	...	...	...	...	...	...	...	...	...
Aphasia . . . . .	4	'66	...	1	...	...	...	...	...	...	...	...	...
Stammering . . . . .	1	'02	...	1	...	...	...	...	...	...	...	...	...
Hiccough . . . . .	...	...	...	...	...	...	...	...	3	...	...	3	1
Nervous weakness . . . . .	9	'39	...	4	...	...	...	...	6	...	...	1	...
Idiocy . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Mania . . . . .	20	4'86	...	12	...	...	...	...	20	1	4	40	...
Melancholia . . . . .	48	17'54	...	47	1	...	...	...	6	...	4	12	...
Dementia . . . . .	12	3'96	...	11	...	...	...	...	5	...	2	12	...
Mental stupor . . . . .	2	'06	...	...	...	...	...	...	...	...	...	...	...
General paralysis of the insane . . . . .	1	'22	1	...	...	...	...	...	1	...	...	1	...
Delusional insanity . . . . .	10	2'65	...	7	...	...	...	...	10	...	...	...	...



# TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Adm s- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Other diseases of the nervous system . . . . .	...	...	...	...	...	...	...	...	9	...	...	...	...
Conjunctivitis . . . . .	421	23'04	...	3	27	...	166	...	1,953	...	4	1,231	...
"  Granular . . . . .	...	...	...	...	...	...	...	...	45	...	...	47	...
Ecchymosis . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Œdema of conjunctiva . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Chronic hyperæmia . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Keratitis . . . . .	12	1'03	...	...	...	...	2	...	38	...	3	38	...
Ulcerative keratitis . . . . .	16	1'47	...	3	...	...	...	...	167	...	9	229	...
Gangrene of the cornea . . . . .	...	...	...	...	...	...	...	...	...	...	...	10	...
Degeneration of the cornea . . . . .	...	...	...	...	...	...	...	...	2	...	1	...	...
Opacity . . . . .	3	'08	...	...	...	...	...	...	19	...	6	14	...
Staphyloma . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Scleritis . . . . .	1	'32	...	...	...	...	...	...	1	...	...	2	...
Staphyloma of the sclerotic . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Iritis . . . . .	43	3'90	...	5	...	...	1	...	56	...	6	48	...
Synechia . . . . .	1	'15	...	2	...	...	...	...	2	...	1	...	...
Choroiditis . . . . .	1	'03	...	1	...	...	...	...	1	...	1	...	...
Glaucoma . . . . .	...	...	...	...	...	...	...	...	1	...	1	8	...
Hypopyon . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Optic neuritis . . . . .	3	'42	...	3	...	...	...	...	1	...	1	...	...
Congestion of optic disc . . . . .	3	'16	...	...	...	...	...	...	...	...	...	...	...
Atrophy of optic nerve . . . . .	2	'59	...	1	...	...	...	...	4	...	1	...	...
Retinitis . . . . .	2	'36	...	1	...	...	...	...	...	...	...	...	...
Detachment of retina . . . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
Lenticular cataract . . . . .	3	'19	...	2	...	...	...	...	8	...	1	30	...
Dislocation of lens . . . . .	...	'09	...	...	...	...	...	...	1	...	...	...	...
Opacities . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Panophthalmitis . . . . .	...	...	...	...	...	...	...	...	1	...	1	3	...
Shrunken eyeball . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Amblyopia and amaurosis . . . . .	12	'76	...	2	...	...	...	...	11	...	1	...	...
Functional night blindness . . . . .	1	'01	...	...	...	...	...	...	12	...	5	15	...
Sympathetic irritation . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Neuralgia of eyeball . . . . .	1	'07	...	...	...	...	...	...	...	...	...	...	...
Ametropia . . . . .	5	'21	...	1	...	...	...	...	1	...	...	...	...
Myopia . . . . .	23	1'40	...	7	...	...	...	...	5	...	10	...	...
Hypermetropia . . . . .	11	'72	...	2	...	...	...	...	5	...	3	...	...
Astigmatism . . . . .	12	'43	...	5	...	...	...	...	2	...	1	...	...
Presbyopia . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Asthenopia . . . . .	5	'10	...	...	...	...	...	...	1	...	...	...	...
Squint . . . . .	2	'15	...	...	...	...	...	...	...	...	...	1	...
Inflammation of lacrymal gland . . . . .	2	'08	...	...	...	...	1	...	...	...	...	...	...
Abscess of lacrymal gland . . . . .	1	'16	...	...	...	...	...	...	...	...	...	1	...
Fistula of excretory ducts . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Stricture and obliteration of puncta and canaliculi . . . . .	2	'05	...	...	...	...	...	...	...	...	...	2	...
Chronic dacryo-cystitis . . . . .	2	'20	...	1	...	...	...	...	...	...	...	1	...
Abscess of lacrymal sac . . . . .	1	'01	...	...	...	...	...	...	4	...	...	3	...
Fistula of . . . . .	...	...	...	...	...	...	...	...	2	...	...	5	...
Obstruction of nasal duct . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Epiphora . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Blepharitis marginalis . . . . .	24	1'93	...	1	...	...	2	...	1	...	...	2	...
Stye . . . . .	9	'13	...	...	...	...	...	...	43	...	...	31	...
Abscess of the eyelids . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Trichiasis . . . . .	...	...	...	...	...	...	...	...	...	...	...	10	...
Entropion . . . . .	...	...	...	...	...	...	...	...	...	...	...	9	...
Œdema of the eyelids . . . . .	...	...	...	...	...	...	...	...	1	...	...	13	...
Ptosis . . . . .	2	'17	...	...	...	...	...	...	...	...	...	...	...
Other diseases of the eye . . . . .	...	...	...	...	...	...	...	...	8	...	...	...	...
Inflammation of the external ear . . . . .	617	30'98	...	6	6	...	9	...	296	...	1	304	...
Abscess . . . . .	9	'45	...	...	...	...	...	...	11	...	...	6	...
Hæmatoma of the auricle . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Accumulation in the external meatus of wax and epidermis . . . . .	2	'19	...	...	...	...	...	...	2	...	...	...	...
Inflammation of the middle ear . . . . .	42	2'61	...	3	1	...	2	...	35	...	...	77	...
"  "  "  suppurative . . . . .	18	1'40	...	6	...	...	...	...	34	...	3	82	...
Ulceration of the membrana tympani . . . . .	5	'29	...	1	...	...	...	...	4	...	...	2	...
Perforation . . . . .	109	9'03	...	44	...	...	...	...	11	...	3	...	...
Ankylosis of ossicles . . . . .	...	...	...	...	...	...	...	...	2	...	2	...	...
Obstruction of Eustachian tube . . . . .	...	'16	...	1	...	...	...	...	3	...	1	...	...
Tinnitus . . . . .	2	'10	...	...	...	...	...	...	...	...	...	...	...
Deafness . . . . .	26	2'58	...	19	...	...	...	...	24	...	9	2	...
Rhinitis . . . . .	6	'42	...	...	...	...	...	...	3	...	...	4	...
Coryza . . . . .	2	'15	...	...	...	...	...	...	5	...	...	29	...
Ozæna . . . . .	5	'32	...	...	...	...	...	...	2	...	...	16	...
Necrosis of bones of nose . . . . .	1	'06	...	...	...	...	...	...	...	...	...	...	...
Abscess of septum . . . . .	1	'04	...	...	...	...	...	...	2	...	...	...	...
Epistaxis . . . . .	11	'48	...	...	...	...	...	...	4	...	...	49	...
Inflammation of the accessory sinuses . . . . .	1	'06	...	...	...	...	...	...	3	...	...	...	...
Inflammation of the naso-pharynx . . . . .	1	'04	...	...	...	...	...	...	8	...	...	4	...
Hypertrophy of pharyngeal tonsil . . . . .	2	'06	...	...	...	...	...	...	2	...	...	...	...
Pericarditis . . . . .	4	'20	2	...	...	...	...	...	7	2	...	19	15
Hydropericardium . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Endocarditis . . . . .	1	'01	1	...	...	...	...	...	1	...	1	3	2
Valvular disease of the heart . . . . .	234	28'98	36	126	7	3	...	...	55	17	20	108	34
Fatty degeneration of the muscular substance of the heart . . . . .	5	'19	4	...	...	...	...	...	1	1	...	11	9
Hypertrophy of the heart . . . . .	11	'79	1	2	...	...	...	...	2	...	...	3	3
Dilatation of the heart . . . . .	12	'87	4	5	...	...	...	...	3	...	...	7	8
Excessive growth of fat in the heart . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Clots in the heart . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Thrombus . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	6
Embolus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Cyanosis . . . . .	1	'06	...	...	...	...	1	1	...	...	...	...	...
Angina pectoris . . . . .	4	'21	2	1	...	...	...	...	2	2	...	2	...
Syncope . . . . .	6	'26	2	...	2	...	1	...	5	15	...	12	9
Disordered action of the heart . . . . .	548	52'95	1	138	4	...	2	1	45	3	6	30	...
Atheroma . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
Endarteritis deformance . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Dilatation of arteries . . . . .	2	'13	...	1	...	...	...	...	...	...	...	...	...
Aneurysm of arteries . . . . .	10	1'14	6	4	...	...	...	...	2	1	...	4	1

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Traumatic aneurysm . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Rupture of artery . . . . .	1	'04	1	...	...	...	...	...	...	1	...	...	...
Thrombosis . . . . .	3	'49	...	1	...	...	...	...	3	...	...	...	...
Embolism . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
Raynaud's disease . . . . .	1	'08	...	1	...	...	...	...	...	...	...	...	...
Phlebitis . . . . .	28	1'37	...	2	2	...	...	...	9	...	1	2	...
Thrombosis . . . . .	20	1'40	...	7	...	...	...	...	3	...	...	2	...
Phlegmasia dolens . . . . .	7	'26	...	1	...	...	...	...	...	...	...	...	...
Varix . . . . .	101	6'17	...	43	3	...	...	...	24	...	17	3	...
Varicose aneurysm . . . . .	2	'08	...	...	...	...	...	...	...	...	...	...	...
Other diseases of the circulatory system	...	...	...	...	...	...	...	...	4	...	...	...	...
Croup . . . . .	...	...	...	...	...	...	1	2	...	...	...	...	...
Hay-fever . . . . .	3	'06	...	...	...	...	...	...	1	...	...	...	...
Laryngitis . . . . .	33	2'03	1	2	...	...	4	1	103	...	2	34	1
Œdema of glottis . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	2
Tracheitis . . . . .	3	'22	...	...	...	...	...	...	2	...	...	...	...
Bronchitis . . . . .	1,161	59'21	5	23	36	...	270	10	2,330	23	48	2,579	37
Dilatation of bronchi . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Spasmodic asthma . . . . .	38	3'63	...	4	3	...	...	...	159	1	21	775	10
Congestion of the lungs . . . . .	1	'28	...	...	...	...	...	...	5	...	...	5	2
Hæmoptysis . . . . .	6	'43	1	1	...	...	...	...	19	...	...	25	2
Œdema of the lungs . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Pneumonia . . . . .	359	28'77	59	5	4	...	21	6	1,895	461	3	1,510	386
Broncho-pneumonia . . . . .	5	'54	1	...	...	...	3	1	22	4	1	44	12
Abscess of the lungs . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Gangrene of the lungs . . . . .	...	...	...	...	...	...	...	...	...	...	...	8	8
Cirrhosis of the lungs . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	1
Phthisis . . . . .	4	'52	...	3	1	...	...	...	23	1	3	16	3
Emphysema . . . . .	5	'57	...	3	...	...	...	...	7	...	2	10	...
Grinder's asthma . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Pleurisy . . . . .	91	7'13	3	1	1	...	3	2	285	14	2	204	14
Empyema . . . . .	10	'81	3	1	...	...	...	...	4	...	...	4	2
Hæmothorax . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
Pneumothorax . . . . .	1	'13	1	...	...	...	...	...	...	...	...	...	...
Other diseases of the respiratory system	...	...	...	...	...	...	...	...	88	...	...	...	...
Inflammation of the lips . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	...
Ulceration of the lips . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Stomatitis . . . . .	19	1'00	...	...	...	...	2	...	49	1	...	96	...
Ulceration of the mouth . . . . .	6	'27	...	...	...	...	...	...	11	...	...	19	...
Gangrene " " . . . . .	...	...	...	...	...	...	1	1	1	1	...	8	2
Hypertrophy of jaw . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Disorders of dentition . . . . .	...	...	...	...	...	...	85	11	1	...	...	...	...
" " with convulsion . . . . .	...	...	...	...	...	...	2	...	...	...	...	...	...
" " " diarrhœa . . . . .	...	...	...	...	...	...	8	...	...	...	...	...	...
Caries of dentine . . . . .	98	5'20	...	28	3	...	4	...	23	...	...	41	...
Inflammation of the dental periosteum	83	2'22	...	...	...	...	...	...	10	1	...	3	...
Abscess of the dental periosteum . . . . .	152	3'97	...	...	1	...	2	...	132	1	...	282	...
Inflammation of the periosteum and gums . . . . .	6	'70	...	...	...	...	...	...	13	...	...	9	...
Suppuration of gums . . . . .	2	'07	...	...	...	...	...	...	8	...	...	5	...
Ulceration of the gums . . . . .	4	'13	...	...	...	...	...	...	5	...	...	86	...
Caries of alveoli . . . . .	9	'67	...	...	1	...	...	...	8	...	...	9	1
Necrosis of " . . . . .	1	'18	...	1	...	...	...	...	...	...	...	...	...
Toothache . . . . .	1	'02	...	...	...	...	...	...	1	...	...	4	...
Glossitis . . . . .	3	'69	...	...	...	...	...	...	5	...	...	1	...
Ulceration of tongue . . . . .	...	...	...	...	...	...	...	...	10	...	...	3	...
Sore throat . . . . .	768	21'84	...	...	8	...	14	...	107	...	...	72	...
Ulceration of the palate and fauces . . . . .	8	'45	...	1	...	...	...	...	1	...	...	...	...
Follicular tonsillitis . . . . .	764	25'15	...	...	20	...	44	2	236	...	...	71	...
Quinsy . . . . .	61	1'77	...	...	...	...	3	...	9	...	...	79	...
Hypertrophy of tonsils . . . . .	4	'29	...	...	...	...	...	...	...	...	...	...	...
Elongated uvula . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Inflammation of the salivary glands . . . . .	9	'46	...	...	...	...	...	...	4	...	...	9	...
Salivation . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the pharynx and œsophagus . . . . .	4	'14	...	...	...	...	...	...	38	...	...	37	...
Post-pharyngeal abscess . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Stricture of the pharynx and œsopha- gus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Gastritis . . . . .	92	4'41	1	1	11	1	5	2	61	2	2	77	...
Ulceration of the stomach . . . . .	4	'83	1	...	2	...	...	...	4	...	...	2	...
Hæmorrhage from the stomach . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Hæmatemesis . . . . .	2	'04	...	...	...	...	...	...	4	...	...	18	2
Melæna . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Dilatation of stomach . . . . .	4	'40	...	...	...	...	...	...	7	1	...	1	...
Indigestion . . . . .	525	21'00	...	9	37	...	2	...	262	1	3	649	...
Pyrosis . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Vomiting . . . . .	3	'11	...	...	3	...	1	...	...	...	...	2	...
Gastralgia . . . . .	2	'03	...	...	...	...	...	...	3	...	...	5	...
Heart burn . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Loss of appetite . . . . .	...	...	...	...	...	...	...	...	3	...	...	2	...
Inflammation of the intestines . . . . .	7	'39	...	...	3	...	17	3	...	...	...	3	1
Enteritis . . . . .	69	3'46	4	...	1	...	9	4	39	7	...	34	14
Typhlitis . . . . .	47	3'40	2	3	1	...	...	...	57	6	1	21	6
Colitis . . . . .	8	'42	...	...	...	...	1	...	10	...	...	23	...
Catarrhal inflammation of the intestines	54	2'82	1	3	...	...	...	...	7	...	...	500	12
Ulceration of the intestines . . . . .	...	'04	1	1	...	...	...	...	...	...	...	7	7
Hæmorrhage from the intestines, inclu- ding melæna . . . . .	3	'07	...	...	...	...	...	...	3	...	...	3	3
Fæcal accumulation in the intestines . . . . .	3	'07	...	...	...	...	...	...	1	...	...	23	...
Tympanites . . . . .	1	'08	...	...	...	...	...	...	...	...	...	1	...
Spue . . . . .	2	'16	...	1	...	...	...	...	2	...	...	2	1
Hernia . . . . .	133	10'09	...	22	1	...	3	...	65	...	24	37	1
Intussusception . . . . .	...	...	...	...	1	1	...	...	...	...	...	...	...
Volvulus . . . . .	...	...	...	...	...	...	...	...	...	...	...	8	4
Internal strangulation . . . . .	1	...	1	...	...	...	...	...	1	...	...	2	2
Dilatation of the intestines . . . . .	1	'14	...	...	...	...	...	...	...	...	...	...	...
Contraction " " . . . . .	1	'07	...	...	...	...	...	...	...	...	...	...	...
Stricture " " . . . . .	...	'08	...	1	...	...	...	...	...	...	...	...	...
Obstruction " " . . . . .	3	'08	1	...	1	1	...	...	3	4	...	12	9
Perforation " " . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	1



## TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Intestinal dyspepsia . . . . .	...	...	...	...	...	...	...	...	...	...	...	18	...
Constipation . . . . .	21	53	...	...	6	...	...	...	21	...	...	205	...
Colic . . . . .	257	6'82	...	...	13	...	2	...	257	1	1	483	1
Diarrhœa . . . . .	783	27'42	3	5	34	1	166	42	1,070	22	...	5,693	165
Enteralgia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Proctitis . . . . .	1	14	...	...	...	...	...	...	2	...	...	1	...
Periproctitis . . . . .	14	91	1	...	...	...	1	...	10	...	...	5	1
Abscess of the rectum and anus . . . . .	15	1'33	...	...	...	...	...	...	6	...	...	18	...
Ulceration „ „ „ . . . . .	3	25	...	...	...	...	...	...	17	...	...	7	...
Fissure of the anus . . . . .	8	32	...	...	1	...	...	...	61	...	...	7	...
Fistula in ano . . . . .	38	2'96	...	...	...	...	...	...	4	...	2	87	...
Prolapse of the rectum and anus . . . . .	6	1'06	...	1	...	...	1	...	...	...	1	29	...
Piles . . . . .	393	19'45	...	6	8	...	...	...	170	1	11	536	1
Hepatitis . . . . .	359	25'11	7	34	3	...	1	...	79	2	2	63	5
Abscess of the liver . . . . .	198	25'04	112	44	1	1	...	...	13	8	1	11	9
Cirrhosis „ „ . . . . .	6	18	4	1	...	...	...	...	3	...	...	57	31
Perihepatitis . . . . .	2	23	...	...	...	...	...	...	1	...	...	4	...
Congestion of the liver . . . . .	556	31'17	...	28	9	...	5	...	59	5	1	92	1
Acute yellow atrophy of the liver . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	3
Fatty degeneration of the liver . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
Atrophy of the liver . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	2
Hypertrophy of the liver . . . . .	1	22	...	1	...	...	...	...	1	...	...	5	...
Jaundice . . . . .	386	19'09	1	...	3	...	5	1	270	1	...	359	5
Cholecystitis . . . . .	42	2'22	...	...	1	...	...	...	7	...	...	50	...
Gallstones . . . . .	...	...	...	...	1	...	...	...	2	...	...	1	...
Accumulation of bile . . . . .	3	25	...	...	1	...	...	...	7	...	...	1	...
Biliary colic . . . . .	3	05	...	1	...	...	...	...	...	...	...	...	...
Stricture of the hepatic duct and gall bladder . . . . .	1	02	1	...	...	...	...	...	...	...	...	...	...
Hæmorrhage from the pancreas . . . . .	1	04	...	...	...	...	...	...	...	...	...	...	...
Fatty degeneration of the pancreas . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Peritonitis . . . . .	9	45	5	1	...	...	...	...	8	5	...	18	17
Ascites . . . . .	4	32	...	...	1	...	...	...	6	2	...	24	3
Omental hernia . . . . .	...	...	...	...	...	...	...	...	1	...	...	8	...
Other diseases of the digestive system . . . . .	...	...	...	...	...	...	...	...	72	...	...	...	...
Splenitis . . . . .	31	1'51	...	...	1	...	...	...	103	1	22	55	1
Abscess of the spleen . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Congestion of the spleen . . . . .	...	03	...	...	...	...	...	...	9	...	...	8	...
Hypertrophy of the spleen . . . . .	1	02	...	...	...	...	...	...	13	1	...	69	3
Inflammation of lymph vessels and glands . . . . .	1,294	140'79	...	6	1	...	16	...	342	2	3	226	...
Suppuration of lymph vessels and glands . . . . .	106	12'08	...	2	...	...	...	...	33	...	...	69	...
Hypertrophy of lymph glands . . . . .	3	30	...	...	...	...	...	...	10	...	1	2	...
Inflammation of lymphatics . . . . .	19	1'70	...	...	...	...	...	...	9	1	1	6	...
Elephantiasis . . . . .	...	...	...	...	...	...	...	...	...	...	...	23	1
Rupture of lymphatics . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the thyroid body . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Hypertrophy „ „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Goitre . . . . .	9	78	...	2	3	...	...	...	12	...	...	5	...
Exophthalmic goitre . . . . .	2	27	...	1	...	...	...	...	2	...	...	...	...
Addison's disease . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute nephritis . . . . .	33	3'04	5	1	3	1	1	...	11	5	...	24	5
Bright's disease . . . . .	2	35	...	...	...	...	...	...	7	...	1	42	11
Chronic nephritis . . . . .	17	2'59	2	10	...	...	...	...	10	2	1	45	13
Granular kidney . . . . .	5	38	2	...	...	...	...	...	...	...	...	7	6
Lardaceous „ . . . . .	2	89	1	1	...	...	...	...	...	...	...	...	...
Abscess of „ . . . . .	1	05	1	...	...	...	...	...	...	...	...	3	2
Pyonephrosis . . . . .	2	02	...	...	1	...	...	...	2	...	...	...	...
Pyelitis . . . . .	...	...	...	...	...	...	...	...	3	...	...	3	2
Congestion of kidney . . . . .	2	12	...	...	...	...	...	...	...	...	...	...	...
Movable kidney . . . . .	2	05	...	1	...	...	...	...	...	...	...	1	...
Calculus in kidney . . . . .	9	31	...	2	...	...	...	...	16	...	3	8	...
„ in pelvis of kidney . . . . .	1	12	...	1	...	...	...	...	...	...	...	...	...
„ in ureter . . . . .	...	...	...	...	...	...	...	...	6	...	...	1	...
Nephralgia . . . . .	1	07	...	...	...	...	...	...	5	...	1	2	...
Renal colic . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Suppression of urine . . . . .	2	12	1	...	...	...	...	...	1	...	...	...	...
Hæmaturia . . . . .	25	1'09	...	...	...	...	2	...	7	...	...	12	...
Hæmoglobinuria . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Chyluria . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Albuminuria . . . . .	8	1'38	...	3	...	...	...	...	3	...	...	3	...
Lithuria . . . . .	3	06	...	1	...	...	...	...	4	...	...	2	...
Phosphaturia . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Inflammation of the bladder . . . . .	27	1'29	...	...	3	...	...	...	15	...	...	19	...
Suppuration „ „ . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Sloughing „ „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Ileo-vesical fistula . . . . .	...	...	...	...	...	...	...	...	2	...	1	...	...
Recto-vesical fistula . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Calculus in the bladder . . . . .	...	...	...	...	...	...	...	...	6	...	1	10	...
Irritability of the bladder . . . . .	2	07	...	...	...	...	...	...	2	...	...	1	...
Retention of urine . . . . .	3	14	...	...	...	...	...	...	5	...	...	7	...
Incontinence of urine . . . . .	23	1'19	...	...	...	...	...	...	2	...	...	8	...
Other diseases of the urinary system . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
Urethritis . . . . .	4	09	...	...	...	...	...	...	5	...	...	9	...
Gleet . . . . .	1	04	...	...	...	...	...	...	...	...	...	3	...
Abscess of the urethra . . . . .	1	22	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage from urethra . . . . .	1	05	...	...	...	...	...	...	...	...	...	...	...
Stricture of the urethra . . . . .	59	3'88	...	9	...	...	...	...	13	1	1	43	...
Urethral fistula . . . . .	5	43	...	...	...	...	...	...	1	...	...	4	...
Extravasation of urine . . . . .	2	32	1	2	...	...	...	...	...	...	...	2	...
Impacted calculus . . . . .	...	...	...	...	...	...	...	...	1	...	...	3	...
Inflammation of the prostate . . . . .	5	39	...	1	...	...	...	...	...	...	...	...	...
Prostatorrhœa . . . . .	1	14	...	...	...	...	...	...	...	...	...	...	...
Œdema of the prepuce . . . . .	3	10	...	...	...	...	...	...	...	...	...	...	...
Phimosis . . . . .	29	2'67	...	...	...	...	...	...	23	...	...	112	...
Paraphimosis . . . . .	22	83	...	...	...	...	1	...	11	...	...	23	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Balanitis . . . . .	100	4'06	...	...	...	...	...	...	8	...	...	9	...
Abscess of the penis . . . . .	1	'10	...	...	...	...	...	...	...	...	...	...	...
Ulcer " " . . . . .	100	6'24	...	...	...	...	...	...	62	...	1	26	...
Edema " " . . . . .	1	'03	...	...	...	...	...	...	1	...	...	1	...
Soft chancre . . . . .	4,350	365'56	...	...	...	...	...	...	761	...	1	123	...
Inflammation of the scrotum . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Abscess of the scrotum . . . . .	3	'31	...	...	...	...	...	...	...	...	...	14	...
Sloughing " " . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Edema " " . . . . .	2	'08	...	...	...	...	...	...	...	...	...	2	...
Soft chancre " " . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Pruritus . . . . .	1	'02	...	...	...	...	...	...	3	...	...	...	...
Inflammation of the spermatic cord . . . . .	1	'04	...	...	...	...	...	...	...	...	...	3	...
Abscess " " " . . . . .	1	'25	...	...	...	...	...	...	...	...	...	...	...
Hydrocele " " " . . . . .	4	'43	...	1	...	...	...	...	1	...	...	5	...
Hæmatocele " " " . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Varicocele " " " . . . . .	33	2'42	...	5	...	...	...	...	7	...	2	3	...
Inflammation of the tunica vaginalis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmatocele of the tunica vaginalis . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Hydrocele " " " . . . . .	36	2'68	...	1	...	...	...	...	36	...	2	130	...
Loose bodies . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the testicle . . . . .	...	...	...	...	...	...	...	...	8	...	...	49	...
Orchitis . . . . .	428	26'90	...	4	...	...	...	...	256	...	4	85	...
Epididymitis . . . . .	24	1'41	...	...	...	...	...	...	13	...	...	13	...
Abscess of the testicle . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Protrusion of the tubuli . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Atrophy of the testicle . . . . .	1	'04	...	...	...	...	...	...	1	...	...	...	...
Spermatorrhœa . . . . .	...	...	...	...	...	...	...	...	3	...	...	1	...
Inflammation of the ovary . . . . .	...	...	...	...	12	...	...	...	...	...	...	...	...
" of the Fallopian tube . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Parametritis . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Abscess of uterine ligaments . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Metritis . . . . .	...	...	...	...	20	...	...	...	...	...	...	...	...
Endometritis . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	1
Ulcer of the uterus . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Hæmorrhage from the uterus . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Sub-involution of the uterus . . . . .	...	...	...	...	4	...	...	...	...	...	...	1	...
Abrasion " " . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Displacement and distortions of the uterus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Retroversion of the uterus . . . . .	...	...	...	...	5	...	...	...	...	...	...	...	...
Anteflexion " " . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Retroflexion " " . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Prolapsus " " . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Occlusion " " . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the vagina . . . . .	...	...	...	...	1	...	4	...	...	...	...	1	...
" " vulva . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	...
Amenorrhœa . . . . .	...	...	...	...	9	...	4	...	...	...	...	8	1
Dysmenorrhœa . . . . .	...	...	...	...	28	...	1	...	...	...	...	...	...
Menorrhagia . . . . .	...	...	...	...	10	...	...	...	...	...	...	1	...
Metrorrhagia . . . . .	...	...	...	...	4	...	1	...	...	...	...	...	...
Leucorrhœa . . . . .	...	...	...	...	5	...	...	...	...	...	...	...	...
Cramp and spurious labour pains . . . . .	...	...	...	...	1	...	...	...	...	...	...	4	...
Menstruation . . . . .	...	...	...	...	16	...	...	...	...	...	...	10	...
Hæmorrhage from the uterus . . . . .	...	...	...	...	82	...	...	...	...	...	...	...	...
Abortion . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Missed labour . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Mechanical obstacle to the expulsion of the fœtus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage unavoidable, from placenta prævia . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Hæmorrhage accidental from detachment of the placenta . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...
Rupture of the perineum . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Retention of the placenta . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Still-birth . . . . .	...	...	...	...	3	...	2	2	...	...	...	2	...
Post-partum hæmorrhage . . . . .	...	...	...	...	...	1	...	...	...	...	...	1	1
Metritis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Sudden death after delivery . . . . .	...	...	...	...	1	1	...	...	...	...	...	...	...
Inflammation of the nipple and areola . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Sore nipples . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Abscess of the areola . . . . .	...	...	...	...	2	...	...	...	...	...	...	4	...
Mastitis . . . . .	...	...	...	...	7	...	...	...	...	...	...	...	...
" puerperal . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Suppuration of mammary gland . . . . .	...	...	...	...	5	...	...	...	...	...	...	...	...
" " puerperal . . . . .	...	...	...	...	9	...	...	...	...	...	...	...	...
Inflammation of the male breast . . . . .	4	'40	...	...	...	...	...	...	1	...	...	1	...
Hypertrophy " " . . . . .	2	'09	...	...	...	...	...	...	...	...	...	...	...
Ostitis . . . . .	1	'04	...	2	...	...	...	...	9	...	1	2	...
Periostitis . . . . .	45	4'21	...	4	...	...	...	...	55	...	2	21	...
Chronic abscess of bones . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Caries of bones . . . . .	6	'45	...	1	1	...	...	...	8	...	...	15	1
Necrosis " " . . . . .	9	'63	...	2	...	...	...	...	11	...	1	20	3
Hypertrophy of bones . . . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
Osteitis deformans . . . . .	1	'22	...	...	...	...	...	...	...	...	...	...	...
Synovitis . . . . .	432	27'79	...	17	2	...	1	...	499	1	8	148	1
Suppuration of joints . . . . .	2	'78	...	1	...	...	...	...	...	...	...	...	...
Ankylosis . . . . .	23	1'27	...	9	...	...	...	...	12	...	10	2	...
Dislocation of articular cartilage . . . . .	20	1'23	...	5	...	...	...	...	2	...	...	...	...
Loose body . . . . .	1	'07	...	1	...	...	...	...	...	...	...	...	...
Relaxation of ligaments . . . . .	1	'04	...	1	...	...	...	...	1	...	...	...	...
Dislocation of joints . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Knock knee . . . . .	...	'18	...	1	...	...	...	...	...	...	...	...	...
Inflammation of the spine . . . . .	4	'41	...	1	...	...	1	1	1	...	1	...	...
Caries of spine . . . . .	...	'03	...	1	...	...	...	...	1	...	1	1	1
Necrosis " " . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Psoas, lumbar, post-pharyngeal, and other abscesses . . . . .	1	'14	...	1	...	...	1	...	1	...	...	1	...
Posterior curvature of the spine . . . . .	...	'03	...	1	...	...	...	...	1	...	1	1	...



TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.				Admis- sions.	Deaths.
Lateral curvature of the spine . . . . .	2	'04	...	2	...	...	...	...	6	...	2	...	...
Anterior " " " " . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Dislocation of spine . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the muscles . . . . .	1	'02	...	...	...	...	...	...	2	...	...	1	...
Suppuration " " . . . . .	1	'04	...	...	...	...	...	...	6	...	1	1	...
Atrophy " " . . . . .	1	'02	...	1	...	...	...	...	2	...	1	1	...
Rupture " " . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Contracture " " . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Idiopathic muscular atrophy . . . . .	1	'05	...	...	...	...	...	...	3	...	...	...	...
Myalgia . . . . .	79	2'49	...	1	4	...	...	...	322	...	17	181	...
Contracture of fasciæ . . . . .	1	'07	...	...	...	...	...	...	1	...	...	...	...
Gangrene of tendons . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Contraction " " . . . . .	28	1'69	...	8	...	...	...	...	4	...	2	...	...
Tenosynovitis . . . . .	2	'05	...	...	...	...	...	...	7	...	...	10	...
Thecal abscess . . . . .	...	...	...	...	...	...	...	...	...	...	...	17	...
Ganglion . . . . .	12	'59	...	...	...	...	...	...	9	...	...	...	...
Inflammation of bursæ . . . . .	36	1'97	...	1	1	...	...	...	20	...	...	2	...
Abscess " " . . . . .	5	'28	...	...	...	...	...	...	3	...	...	...	...
Bunion . . . . .	6	'33	...	...	...	...	...	...	...	...	...	...	...
Bursal cyst . . . . .	3	'27	...	...	...	...	...	...	2	...	...	...	...
" tumour . . . . .	1	'12	...	...	...	...	...	...	1	...	...	...	...
Club-foot . . . . .	2	'29	...	1	...	...	...	...	...	...	...	1	...
Flat-foot . . . . .	18	'76	...	10	...	...	...	...	2	...	1	...	...
Deformities of the great toe . . . . .	1	'11	...	...	...	...	...	...	...	...	...	...	...
Hallux valgus . . . . .	3	'35	...	2	...	...	...	...	...	...	...	...	...
Hammer toe . . . . .	28	1'75	...	2	...	...	...	...	1	...	...	...	...
Inflammation of the connective tissue . . . . .	527	23'58	...	...	6	...	4	...	404	2	5	510	4
Abscess " " " " . . . . .	770	38'11	1	4	9	...	15	...	1,587	2	3	4,335	4
Gangrene " " " " . . . . .	...	'02	...	...	...	...	1	...	...	...	1	6	3
Edema " " " " . . . . .	9	'24	...	1	...	...	...	...	14	...	...	24	8
Elephantiasis . . . . .	2	'20	...	2	...	...	...	...	...	...	...	8	...
Undue formation of fat . . . . .	...	...	...	...	...	...	...	...	3	...	1	...	...
Erythema . . . . .	14	'58	...	1	...	...	2	...	7	...	...	4	...
Roseola . . . . .	2	'07	...	...	...	...	...	...	...	...	...	1	...
Pityriasis rosea . . . . .	1	'03	...	...	...	...	...	...	...	...	...	2	...
Urticaria . . . . .	32	'87	...	...	...	...	4	...	66	...	...	79	...
Prickly heat . . . . .	16	'45	...	...	...	...	1	...	4	...	...	19	...
Eczema . . . . .	405	20'36	...	1	3	...	37	...	466	...	1	337	...
Impetigo . . . . .	22	'94	...	...	...	...	4	...	14	...	...	10	...
Ecthyma . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Pityriasis rubra . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Prurigo . . . . .	...	...	...	...	...	...	...	...	2	...	...	9	...
Lichen . . . . .	2	'07	...	...	...	...	...	...	7	...	...	2	...
Psoriasis . . . . .	49	3'28	...	1	...	...	2	...	11	...	...	17	...
Miliaria . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Herpes . . . . .	37	1'11	...	...	...	...	...	...	110	...	...	43	...
Zona . . . . .	20	'55	...	...	...	...	...	...	59	...	...	51	...
Pemphigus . . . . .	126	5'30	...	...	1	...	3	1	19	...	...	7	1
Dermatitis herpetiformis . . . . .	...	...	...	...	...	...	...	...	4	...	1	1	...
Acne . . . . .	6	'32	...	...	...	...	...	...	4	...	...	3	...
Gutta rosea . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Sycosis . . . . .	15	1'77	...	...	...	...	...	...	11	...	...	1	...
Seborrhœa . . . . .	1	'05	...	...	...	...	...	...	2	...	...	...	...
Ichthyosis . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Sclerodermia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Leucodermia . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Chloasma . . . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
Alopecia . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Area . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Chilblain . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Frostbite . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Ulcer . . . . .	639	34'99	...	4	10	...	10	...	3,481	...	13	3,383	4
Cicatrices . . . . .	...	...	...	...	...	...	...	...	1	...	...	3	...
Boil . . . . .	1,065	36'73	...	1	3	...	34	...	2,727	...	...	1,789	...
Carbuncle . . . . .	20	1'19	...	...	...	...	...	...	34	...	...	194	4
Gangrene . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	1
Whitlow . . . . .	255	10'64	...	2	3	...	2	...	375	...	...	487	...
Onychia . . . . .	177	6'81	...	...	1	...	2	...	27	...	...	40	...
Tylosis . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Corn . . . . .	30	1'54	...	2	...	...	...	...	22	...	...	2	...
Wen . . . . .	23	'83	...	...	...	...	...	...	12	...	...	31	...
Adenoma sebaceum . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Hyperidrosis . . . . .	6	'23	...	...	...	...	...	...	3	...	1	...	...
Bromidrosis . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Pruritus . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
Lupus . . . . .	4	'21	...	1	...	...	...	...	4	...	1	3	...
Delhi boil . . . . .	8	'84	...	1	...	...	...	...	72	...	...	...	...
Mycosis fungoides . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Other local diseases . . . . .	...	...	...	...	...	...	...	...	564	...	...	...	...
ACCIDENTAL :—													
Heat-stroke . . . . .	107	4'23	22	3	1	...	...	...	1	...	...	41	6
Sun-stroke . . . . .	24	'92	2	...	...	...	1	...	11	1	...	34	8
Heat-apoplexy . . . . .	40	1'65	22	...	...	...	...	...	5	3	...	37	15
Effects of chemical irritants and corrosives . . . . .	2	'06	...	...	...	...	...	...	2	...	...	1	...
Multiple injury . . . . .	6	'85	3	5	...	...	...	...	2	2	...	27	1
Suffocation from submersion . . . . .	...	...	25	...	...	...	...	...	1	13	...	1	2
" " plugging of air- passages with foreign substances . . . . .	...	...	2	...	...	...	...	...	...	...	...	...	...
Suffocation from overlaying . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
" " foetus during par- turition . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Starvation . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Exhaustion . . . . .	1	'02	...	...	...	...	1	1	1	...	...	2	...
Shock . . . . .	...	...	...	...	1	...	...	...	2	1	...	1	3

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
ACCIDENTAL—contd.													
Burns and scalds (general and local)	62	2'87	...	...	2	...	6	1	356	...	1	358	2
Frost-bite . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Abrasions . . . . .	535	16'87	...	...	...	...	6	...	1,507	...	2	108	...
Contusions . . . . .	1,316	50'17	...	3	5	...	13	...	2,489	...	7	909	...
Wounds . . . . .	1,637	70'57	3	6	2	...	25	...	2,840	2	9	3,540	7
" from gunshot . . . . .	44	3'77	3	3	...	...	1	...	99	6	47	4	...
Strains and sprains . . . . .	1,352	55'21	...	7	2	...	10	...	1,258	...	4	249	...
Dislocation of spine . . . . .	2	'03	2	...	...	...	...	...	...	...	4	...	...
" of other bones . . . . .	80	5'53	...	2	...	...	1	...	108	1	...	30	...
Rupture of muscles, tendons, and ligaments . . . . .	10	'63	...	2	...	...	...	...	5	...	...	1	...
Fracture of the vault of the skull . . . . .	5	'32	1	...	...	...	2	2	2	...	...	...	...
" base of the skull . . . . .	10	'38	10	3	...	...	...	...	5	5	...	...	1
" spine . . . . .	3	'04	3	...	...	...	...	...	...	...	...	1	...
" other bones . . . . .	390	38'61	...	23	2	...	24	...	304	...	30	355	6
Foreign bodies in tissues and organs	8	'26	...	...	...	...	...	...	14	...	...	8	...
Effects of irritants and corrosives . . . . .	1	'15	...	...	...	...	...	...	2	...	...	9	...
" mechanical injuries . . . . .	...	...	...	...	...	...	...	...	5	...	...	...	...
Rupture of arteries . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	1
Wound of skull with injury to the bone . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Concussion of brain . . . . .	33	2'75	3	6	...	...	1	...	28	2	...	...	...
Compression " . . . . .	...	'01	...	...	...	...	...	...	...	...	...	1	...
Contusion " . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Wound of eyeball with prolapse of iris . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Compression of heart . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
" nerves . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Concussion of spinal cord . . . . .	2	'26	...	...	...	...	...	...	2	...	...	2	...
Contusion of abdomen with rupture of viscera . . . . .	1	...	2	...	...	...	...	...	1	1	...	...	...
Contusion of viscera without injury of parietes . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Fracture of face with dislocation of lower jaw . . . . .	1	'35	...	...	...	...	...	...	...	...	...	...	...
Fracture of spine with displacement " " injury to cord . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Rupture of spleen . . . . .	1	...	2	...	...	...	...	...	2	3	...	2	6
" intestines . . . . .	1	'01	2	...	...	...	...	...	...	...	...	...	...
" kidney . . . . .	2	'10	...	1	...	...	...	...	...	...	...	1	...
" urethra . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
" lung without wound or fracture . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
" viscera without injury of parietes . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Separation of epiphyses . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Internal strangulation of joints . . . . .	2	'06	...	...	...	...	...	...	...	...	...	...	...
" derangement " . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Killed by wild animals . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
" explosion of shell . . . . .	...	...	...	...	...	...	...	...	...	2	...	...	...
Other injuries . . . . .	...	...	...	...	...	...	...	...	236	...	...	...	...
POISON :—													
Arsenic . . . . .	...	...	...	...	...	...	...	...	7	...	...	...	...
Lead . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Mercury . . . . .	...	...	...	...	...	...	...	...	8	3	...	...	...
Lime . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Nitric acid . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Oxalic acid . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Alcohol . . . . .	2	'07	2	...	...	...	1	1	...	1	...	...	...
Indian hemp . . . . .	1	'02	...	...	...	...	...	...	3	...	...	1	...
Lathyrus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Opium . . . . .	1	'01	...	...	1	...	...	...	1	1	...	10	3
Thorn apple . . . . .	...	...	...	...	...	...	...	...	4	...	...	1	1
Tobacco . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Decayed and poisonous food . . . . .	2	'02	2	...	...	...	...	...	...	...	...	...	...
Ptomaines . . . . .	7	'21	1	...	...	...	...	...	2	2	...	...	...
Cantharides . . . . .	2	'03	...	...	...	...	...	...	...	...	...	...	...
Chloroform vapour . . . . .	1	...	1	...	...	...	...	...	...	...	...	13	...
Irritant drugs . . . . .	...	...	...	...	...	...	...	...	1	...	...	3	1
Vegetable, not defined . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	1
Not defined . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
POISONED WOUNDS :—													
Poisoned wound by dog . . . . .	120	5'60	...	...	3	...	6	...	13	...	...	1	...
" jackal . . . . .	2	...	...	...	...	...	...	...	...	...	...	13	1
" snake . . . . .	2	'15	...	...	...	...	...	...	9	...	...	...	...
" rat . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
" scorpion . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
" centipedes . . . . .	2	'08	...	...	...	...	...	...	...	...	...	35	...
" fish . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
" stinging insects . . . . .	1	'02	...	...	...	...	...	...	10	...	...	2	...
" spider . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
" dead animal matters . . . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
" septic matters . . . . .	2	'05	...	...	...	...	...	...	...	...	...	...	...
" vegetable sub- stances . . . . .	...	...	...	...	...	...	...	...	1	...	...	5	...
" poisoned needle . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...



TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis-sions.	Deaths.	Invalids.	Admis-sions.	Deaths.
	Admis-sions.	Constantly sick.	Deaths.	Invalids.	Admis-sions.	Deaths.	Admis-sions.	Deaths.					
HOMICIDAL :—													
Multiple injury . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	2
Fracture . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Wounds . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	1
„ from gunshot . . . . .	1	...	1	...	...	...	...	...	1	8	...	1	2
Cut throat . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Compression of brain . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Wound of the skull with fracture . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Rupture of spleen . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Not defined . . . . .	...	...	...	...	...	...	...	...	...	4	...	...	3
SUICIDAL :—													
Drowning . . . . .	...	...	2	...	...	...	...	...	...	1	...	...	...
Hanging . . . . .	...	...	...	...	...	...	...	...	...	2	...	1	7
Gunshot wound . . . . .	1	...	7	...	...	...	...	...	1	6	...	...	...
Cut throat . . . . .	1	...	3	...	...	...	...	...	...	...	...	2	3
Fracture of the skull (jumping from a height) . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...
Fracture of spine (throwing himself in front of a train) . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
Poison, irritant drug . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
„ opium . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
Not defined . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	2
JUDICIAL :—													
Hanging . . . . .	...	...	1	...	...	...	...	...	...	4	...	...	9
Punished . . . . .	...	...	...	...	...	...	...	...	...	...	...	36	...
IN ACTION :—													
Gunshot wound . . . . .	...	...	...	...	...	...	...	...	26	8	5	...	...
Killed . . . . .	...	...	...	...	...	...	...	...	...	11	...	...	...
NOT DEFINED :—													
Wound . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...
Cut throat . . . . .	...	...	...	...	...	...	...	...	...	...	...	19	1
No appreciable disease . . . . .	139	7'42	...	...	1	...	...	...	11	...	...	10	...
Not yet diagnosed . . . . .	...	...	...	...	...	...	...	...	6	...	1	258	1
Cause unknown . . . . .	...	...	...	...	...	...	...	...	...	8	...	...	...
Absent deaths . . . . .	...	...	...	...	...	...	...	...	...	478	...	...	...
GRAND TOTAL . . . . .	65,288	3,995'76	88½	2,255*	2,043	38	2,802	213	89,193	1,865	1,430	104,429	2,841

Bengal Command . 637=35'86 per 1,000 of strength.  
Punjab „ . 555=35'50 „ „ „  
Madras „ . 448=40'37 „ „ „  
Bombay „ . 615=42'70 „ „ „  
India . . . 2,255=37'25 „ „ „

DISEASES.	ON FIELD SERVICE.		CHINA GARRISON.		INDIAN CORONATION CONTINGENT TO ENGLAND.		DISEASES.	ON FIELD SERVICE.		CHINA GARRISON.		INDIAN CORONATION CONTINGENT TO ENGLAND.	
	AVERAGE ANNUAL STRENGTH, 132.		AVERAGE ANNUAL STRENGTH, 3,905.		AVERAGE ANNUAL STRENGTH, 1,012.			AVERAGE ANNUAL STRENGTH, 132.		AVERAGE ANNUAL STRENGTH, 3,905.		AVERAGE ANNUAL STRENGTH, 1,012.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Smallpox . . . . .	...	...	4	...	...	...	Scabies . . . . .	...	...	11	...	...	...
Chickenpox . . . . .	...	...	2	...	...	...	Ringworm . . . . .	...	...	1	...	...	...
Scarlet fever . . . . .	...	...	2	...	...	...	Scurvy . . . . .	...	...	4	...	...	...
Influenza . . . . .	...	...	1	...	...	...	Alcoholism . . . . .	...	...	1	...	...	...
Mumps . . . . .	...	...	50	...	1	...	Rheumatic fever . . . . .	...	...	2	...	...	...
Simple continued fever . . . . .	...	...	2	...	...	...	Rheumatism . . . . .	1	...	27	...	...	...
Enteric fever . . . . .	...	...	2	2	...	...	New growth, non-malignant, not defined. . . . .	...	...	1	...	...	...
Cholera . . . . .	...	...	11	8	...	...	Carcinoma . . . . .	...	...	1	1	...	...
Dysentery . . . . .	17	...	140	6	8	...	Anæmia . . . . .	...	...	41	5	...	...
Intermittent fever . . . . .	7	...	249	1	29	...	Debility . . . . .	...	...	17	...	...	...
Remittent fever . . . . .	...	...	21	4	...	...	Other General diseases . . . . .	2	...	...	...	...	...
Erysipelas . . . . .	...	...	1	...	...	...	Apoplexy . . . . .	...	...	1	...	...	...
Tubercle, not defined . . . . .	...	...	4	...	...	...	Paralysis . . . . .	...	...	1	...	...	...
„ of the lungs . . . . .	...	...	34	15	...	...	Cramp . . . . .	...	...	1	...	...	...
„ „ lymph glands . . . . .	...	...	2	...	...	...	Wry neck . . . . .	...	...	2	...	...	...
Syphilis, primary . . . . .	2	...	24	...	...	...	Epilepsy . . . . .	...	...	2	...	...	...
„ secondary . . . . .	...	...	28	...	...	...	Neuralgia . . . . .	...	...	10	...	1	...
Gonorrhœa . . . . .	3	...	48	...	1	...	Mania . . . . .	...	...	2	...	...	...
Ascaris lumbricoides . . . . .	...	...	8	...	...	...	Melancholia . . . . .	...	...	3	...	...	...
Guinea-worm . . . . .	...	...	9	...	...	...							

DISEASES.	ON FIELD SERVICE.		CHINA GARRISON.		INDIAN CORONATION CONTINGENT TO ENGLAND.		DISEASES.	ON FIELD SERVICE.		CHINA GARRISON.		INDIAN CORONATION CONTINGENT TO ENGLAND.	
	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.		Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.
Other diseases of the nervous system . . .	2	...	...	...	...	...	Soft chancre . . .	3	...	25	...	...	...
Conjunctivitis . . .	4	...	17	...	1	...	Orchitis . . .	...	...	7	...	1	...
Ulcerative keratitis . . .	...	...	1	...	...	...	Epididymitis . . .	...	...	1	...	...	...
Degeneration of the cornea . . .	...	...	1	...	...	...	Synovitis . . .	...	...	12	1	1	...
Inflammation of the external ear . . .	...	...	4	...	...	...	Myalgia . . .	...	...	2	...	2	...
Inflammation of the middle ear . . .	...	...	1	...	...	...	Inflammation of the connective tissue . . .	...	...	8	...	...	...
Deafness . . .	...	...	1	...	...	...	Abscess of the connective tissue . . .	...	...	12	...	...	...
Pericarditis . . .	...	...	1	...	...	...	Urticaria . . .	...	...	1	...	...	...
Valvular disease of the heart . . .	...	...	3	1	...	...	Eczema . . .	...	...	3	...	...	...
Disordered action of the heart . . .	...	...	1	...	...	...	Lichen . . .	...	...	1	...	...	...
Varix . . .	...	...	1	...	...	...	Zona . . .	...	...	6	...	...	...
Laryngitis . . .	...	...	9	...	...	...	Chilblain . . .	...	...	1	...	...	...
Bronchitis . . .	9	...	182	2	9	1	Ulcer . . .	...	...	15	...	1	...
Spasmodic asthma . . .	...	...	1	...	2	...	Boil . . .	...	...	21	...	1	...
Hæmoptysis . . .	...	...	1	...	...	...	Whitlow . . .	...	...	1	...	1	...
Pneumonia . . .	5	1	30	6	5	...	Cheloid . . .	...	...	1	...	...	...
Broncho-pneumonia . . .	...	...	2	...	...	...	Other local diseases . . .	20	...	...	...	...	...
Phthisis . . .	...	...	10	...	...	...	ACCIDENTAL : —						
Pleurisy . . .	3	...	20	1	...	...	Burns and scalds (general and local) . . .	...	...	32	...	...	...
Other diseases of the respiratory system . . .	1	...	...	...	...	...	Frost bite . . .	...	...	2	...	...	...
Inflammation of the dental periosteum . . .	...	...	3	...	...	...	Abrasions . . .	...	...	15	...	...	...
Abscess of the dental periosteum . . .	...	...	18	...	...	...	Contusions . . .	...	...	61	...	5	...
Sorethroat . . .	...	...	14	...	...	...	Wounds . . .	...	...	27	...	3	...
Follicular tonsillitis . . .	...	...	12	...	...	...	„ from gun-shot . . .	...	...	3	...	...	...
Inflammation of the pharynx and œsophagus . . .	...	...	1	...	...	...	Strains and sprains . . .	...	...	42	...	1	...
Gastritis . . .	...	...	2	...	...	...	Dislocations . . .	...	...	3	...	...	...
Indigestion . . .	...	...	16	...	...	...	Fracture of the vault of skull . . .	...	...	...	...	1	...
Enteritis . . .	...	...	1	...	...	...	Fracture of the base of skull . . .	...	...	...	...	1	...
Hernia . . .	...	...	1	...	...	...	Fracture of the other bones . . .	...	...	4	...	1	...
Constipation . . .	...	...	8	...	...	...	Concussion of brain . . .	...	...	1	...	1	...
Colic . . .	...	...	15	...	1	...	Other injuries . . .	5	...	...	...	...	...
Diarrhœa . . .	11	...	62	...	2	...	IN ACTION : —						
Fistula in ano . . .	...	...	4	...	...	...	Wounds . . .	5	...	...	...	...	...
Piles . . .	...	...	20	...	...	...	Cause unknown . . .	...	...	...	1	...	...
Hepatitis . . .	1	...	1	...	...	...	TOTAL . . .						
Jaundice . . .	1	...	11	...	...	...	102	1	1,563	54	82	...	
Inflammation of lymph glands . . .	...	...	9	...	1	...							
Suppuration of lymph glands . . .	...	...	1	...	...	...							
Hæmorrhage from the urethra . . .	...	...	1	...	...	...							















ANNUAL REPORT  
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WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG  
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS,  
IN INDIA, FOR THE YEAR.



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